

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

84 County Falk
Township Zelienov
City Salinas (No)

Registration District No. 701
Primary Registration District No. 5930

File No. 17482
Registered No. 30
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Effie Hargis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
68 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

13. NAME John Ranga D. Hargis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Martha Jane Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mary Martha Hargis (ADDRESS) Salinas Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE May 14, 1933

19. UNDERTAKER White - Esquire (ADDRESS) Salinas, Mo.

20. FILED May 13, 1933 (Address) Roberts Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933 to May 10, 1933
I last saw him alive on May 8, 1933. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Tongue Date of onset 1871-32
45 B
33 E 45

Other contributory causes of importance: metastases to Cervical glands 3-1-33

Name of operation Excision tongue Date of 1-2-33
What test confirmed diagnosis? Micrscopy Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Boyle Embury, M. D.
(Address) Salinas, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1933

MOTHER FATHER 2 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

