

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

Do not use this space.

415 PLACE OF DEATH  
County Hancock Registration District No. 7-32 File No. 379  
Township Boonville Primary Registration District No. 4437 5527  
City (No. ) St. Ward  
8739  
2. FULL NAME Clarence S. Storgis  
(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 Mattie Storgis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1887  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 X 22  
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) Hancock  
13. NAME Clarence Storgis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrich  
15. MAIDEN NAME Sarah Mays  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrich  
17. INFORMANT (ADDRESS) Mrs. Mattie Storgis  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. Storgis DATE Mar 29 1934  
19. UNDERTAKER (ADDRESS) H. L. Feltner  
20. FILED 19 34

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1934  
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to March 27, 1934.  
I last saw him alive on Mar 27, 1934. Death is said to have occurred on the date stated above, at 5 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
Cardiac Dehiscence

Other contributory causes of importance:

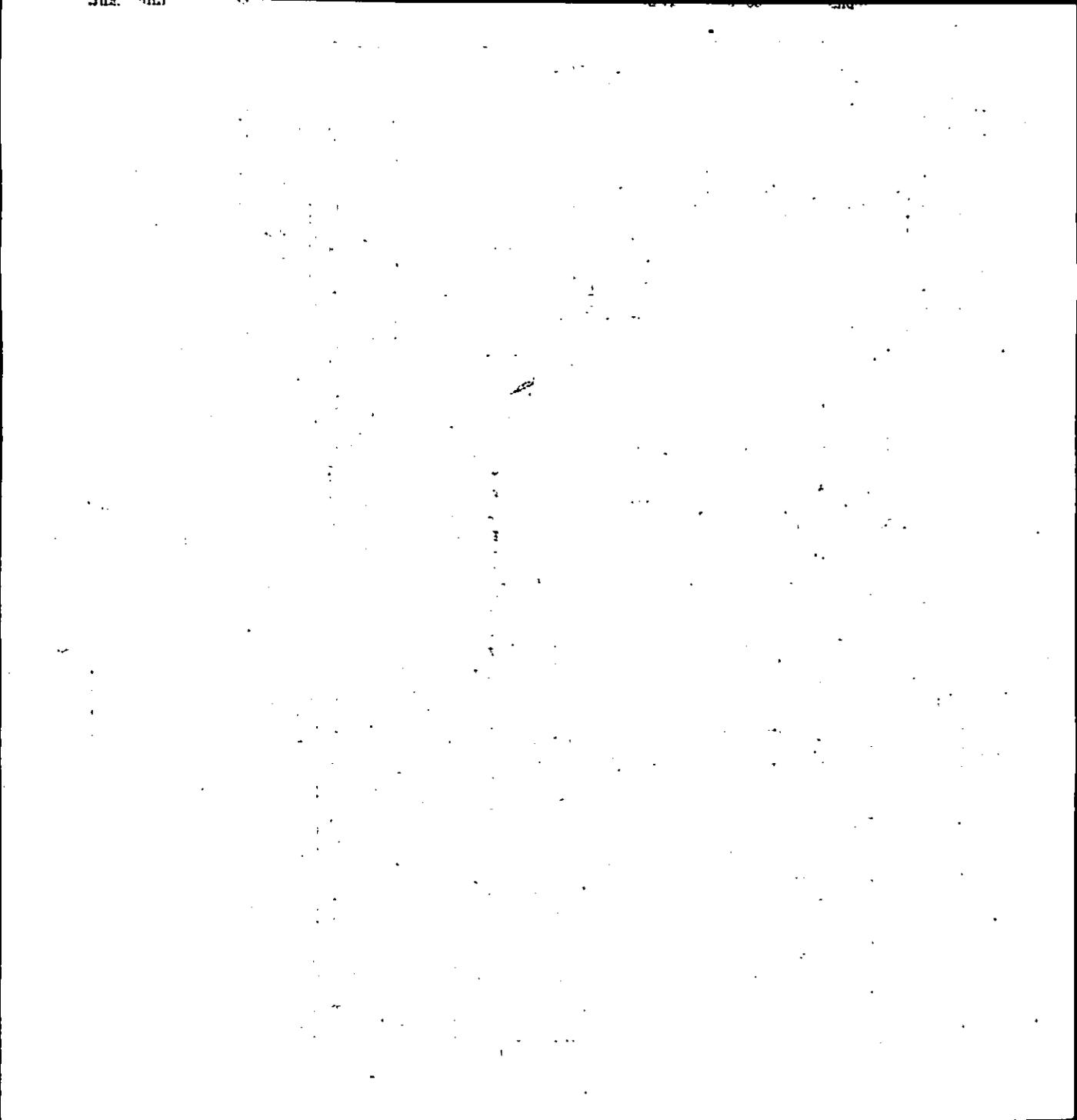
Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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?  
If so, specify

(Signed) W. V. Menden H. D. M. D.  
(Address) Hopewell, Mo. 20



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Howard  
Township Bonne Femme  
City..... (No..... St..... Ward)

Registration District No. 278  
Primary Registration District No. 5527

File No.....  
Registered No. 35-

**2. FULL NAME**

Cleveland S. Hargis

(a) Residence, No..... St..... Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1852

7. AGE YEARS 82 MONTHS ✓ DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

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) Howard Louisiana

13. NAME Greene Hargis

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Sarah Maxwell

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Mrs. N. C. Hargis (ADDRESS) Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Chap. DATE Mar-29-1934

19. UNDERTAKER C. S. Fausch (ADDRESS) Green Mo

20. FILED May 5 34 V. C. Bonham Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1934, to Mar 27, 1934  
I last saw him alive on Mar 27, 1934. Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Lobar pneumonia  
cardiac failure  
Date of onset.....  
Other contributory causes of importance: 108

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
If so, specify.....

(Signed) W. D. Purdee, D.O., M.D.

(Address) Big Bee Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be understood by laymen.

S-8739