

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 345
Township Ward 1 Primary Registration District No. 5800
City St. Robert (No. _____) St. _____ Ward _____

File No. 33514
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Voynne Renaud Hargravy
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 - 1934</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>1</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	—
	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) New Madrid
(STATE OR COUNTRY) Missouri

13. NAME Basil Hargravy

14. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marie O'neal

16. BIRTHPLACE (CITY OR TOWN) Ballinger
(STATE OR COUNTRY) Missouri

17. INFORMANT Cecil Daugherty
(ADDRESS) St. Robert Mo R 7 D 33

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Robert Mo DATE Sept 20, 1934

19. UNDERTAKER John A. Hutton
(ADDRESS) St. Robert Mo

20. FILED Oct 5, 1934 Glenn E. Deane
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 to Sept 19, 1934
I last saw him alive on Sept 19, 1934 Death is said to have occurred on the date stated above, at 3:20 pm.
The principal cause of death and related causes of importance were as follows:

atelectasis, congenital
1685
14/1a
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Glenn E. Deane, M. D.
(Address) St. Robert Mo

