

OCT 17 1935

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

Do not use this space.

28613

1. PLACE OF DEATH

County AndrewRegistration District No. 26

Township

Primary Registration District No. 3002City Mexico Mo (No. Andrew Hospital)

File No.

Registered No. 140

St. Ward

2. FULL NAME

(a) Residence, No. Edward Lee Argan St. Wellsville Mo

(Usual place of abode)

Ward.

(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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

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

Nov - 24 - 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

69102

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)

Readsville Mo

13. NAME

James A. Argan

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

Mo

15. MAIDEN NAME

Mary Jane Blackburn

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. Pearl Porter Wellsville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery DATE Sept - 27 - 1935

19. UNDERTAKER (ADDRESS)

F. W. Purdy Wellsville Mo

20. FILED

Sept 25 1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10 1935 to Sept 25 1935I last saw him alive on Sept 25 1935. Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

Date of onset

Shock - post operative.Other contributory causes of importance
Venous Neck obstruction
due to Prostate glandName of operation Prostatectomy Date of 7/25/35What test confirmed diagnosis? findings Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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 noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. C. Brashear, M. D.(Address) Wellsville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

