

740 18 1935

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

Do not use this space.

35834

1. PLACE OF DEATH

County Grundy Registration District No. 326
Township _____ Primary Registration District No. 4196
City Spickard (No. _____) St. _____ Ward _____

2. FULL NAME Lydia McHargue

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William McHargue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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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) London (STATE OR COUNTRY) Kentucky

13. NAME Ephraim Jones

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

15. MAIDEN NAME Betsy

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

17. INFORMANT Liza Vanderford (ADDRESS) Spickard, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE Nov 13, 1935

19. UNDERTAKER Chas. E. Schooled (ADDRESS) Spickard, Mo

20. FILED Nov 13, 1935 Laura J. Gamm Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 11, 1935

I last saw her alive on Nov 9, 1935. Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Intestinal Ill. Date of onset 11/1-35

Other contributory causes of importance: MB

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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 6, 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) R. J. McClayton M. D.
(Address) Spickard, 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.

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Dr McCarson