

1936

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 7001
City Springfield (No. 505, S. Broadway) St. _____ Ward)File No. 939
Registered No. 49

2. FULL NAME

Full Name Isaac Phillip Hargrave
(a) Residence, No. 505 S. Broadway St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret C. Hargrave</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Butler Co. Arkansas</u>		
FATHER	13. NAME <u>Fred Hargrave</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Kizzie Hightower</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Arkansas</u>	
17. INFORMANT <u>Mrs. J. P. Hargrave</u> (ADDRESS) <u>Springfield, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Samuel Park</u> DATE <u>Jan. 20, 1936</u>		
19. UNDERTAKER <u>H. C. Higgins</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>1-19</u> 19 <u>36</u> <u>Ralph W. Langston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 19, 1936</u>
22. I HEREBY CERTIFY, (That I attended deceased from <u>11/1</u> , 19 <u>35</u> , to <u>1/19</u> , 19 <u>36</u> I last saw him alive on <u>1/5</u> , 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>6:45</u> A.M. The principal cause of death and related causes of importance were as follows: <u>Parkinson's Dis.</u> Date of onset <u>2</u>
Other contributory causes of importance: <u>Senility</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>J. P. Kempton</u> , M. D. (Address) <u>SPRINGFIELD MO.</u>

