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.

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

Do not use this space.

4349

1. PLACE OF DEATH
County Webster 23 1936 Registration District No. 896 File No.
Township High Prarie Primary Registration District No. 6200 Registered No. 7
City ~~Marshfield~~ (No. , St. Ward)

2. FULL NAME William Hargus
(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 50 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angeline Hargus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1852

7. AGE YEARS 83 MONTHS 9 DAYS 14z If LESS than 1 day, hrs. or min.

OCCUPATION
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. Farm
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Mo.

FATHER
13. NAME Abraham Hargus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Eliza Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Wesley Hargus Marshfield, Mo. R.F.D.3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Black Oak DATE Jan. 22, 1936

19. UNDERTAKER (ADDRESS) Rex Rainey, Marshfield, Mo.

20. FILED Jan 30 1936 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 21, 1936
I last saw h— alive on Jan 21, 1936 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Night Tobor
Pneumonia Lever

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 F Schlicht, M. D.
(Address) Niangua Mo