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.

MAR 24 1936

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

Do not use this space.

7351

1. PLACE OF DEATH
County Ripley — Registration District No. 751 — File No. 5
Township Thomas — Primary Registration District No. 5990 — Registered No. 1301
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cazinda Ellen Hargraves
(a) Residence, No. Naylor Mo R 2 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jeff Hargraves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7-1867
7. AGE: YEARS 68 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife
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): none
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Harm Oxley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Carrie Marsh, Dangburn Ark
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Naylor Cemetery DATE: Feb 16 1936
19. UNDERTAKER (ADDRESS): Minnie Gish, Naylor Mo.
20. FILED: 2/4 1936 H. E. White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Feb 15, 1936
I last saw her alive on Feb 15, 1936. Death is said to have occurred on the date stated above, at 12 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
tuberculous peritonitis	2 mo
23	
Other contributory causes of importance:	
pulmonary tuberculosis chronic	[illegible] years

Name of operation: none — 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? no
If so, specify .....
(Signed) H E White, M. D.
(Address) Naylor Mo.