

MAY 22 1936

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

Do not use this space.

15944

1. PLACE OF DEATH

County Livingston,
Township Monroe,
City (No.)

Registration District No. 174
Primary Registration District No. Monroe

File No. 282
Registered No. 7 St. Ward)

2. FULL NAME Rhoda Hargrave,

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 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 WIDOWED, OR Married <i>write the word</i> widowed,
5A. IF Single WIDOWED, OR (OR) WIFE OF Benjamin F. Hargrave,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-28th-1855		
7. AGE	YEARS	MONTHS
	80	8
		DAYS
		28
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired House wife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Retired,
	10. Date deceased last worked at this occupation (month and year)	Dec. - 1935
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) **Livingston County,**
(STATE OR COUNTRY) **Missouri.**

13. NAME **Not Known,**

14. BIRTHPLACE (CITY OR TOWN) **Not Known,**
(STATE OR COUNTRY)

15. MAIDEN NAME **Not Known,**

16. BIRTHPLACE (CITY OR TOWN) **Not Known,**
(STATE OR COUNTRY)

17. INFORMANT **John Hargrave,**
(ADDRESS) **Braymer, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **McCroskrie Cemetery - April-29, 1936**

19. UNDERTAKER **E. J. Michael,**
(ADDRESS) **Braymer, Mo.**

20. FILED 4/29/36 1936 **Geo. M. Moore**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936 to April 18, 1936
I last saw her alive on April 18, 1936 Death is said to have occurred on the date stated above, at 2 4 m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion myocardia. Date of onset Jan 26
89

Other contributory causes of importance: None

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? No
If so, specify

(Signed) Geo. M. Moore M. D.
(Address) Braymer, 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.

