JUL 23 1936

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

Do not use this space.

23407

1. PLACE OF DEATH
County Lawrence Registration District No. 470
Township North Mt Vernon Primary Registration District No. 4283
City Mt Vernon (No. ..... St. ..... Ward)

File No. .....
Registered No. 67

2. FULL NAME Mrs Rachel Smith Hargrove

(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 70 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 Franklin Hargrove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1855

7. AGE YEARS 80 MONTHS 6 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Effingham Ill

FATHER
13. NAME George Baty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Mary Elliott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Homer Smith Mt Vernon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sesquicentennial Cem DATE June 18 1936

19. UNDERTAKER (ADDRESS) George B Orr Mt Vernon Mo

20. FILED June 17 1936 P A Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to June 16, 1936
I last saw her alive on June 12, 1936 Death is said to have occurred on the date stated above, at 8:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5-14-36
Other contributory causes of importance: Dysentery	6-16-36

Name of operation ..... 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) P A Holmes, M. D.
(Address) Mt Vernon Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.