

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

Do not use this space.

**MAY 31 1937**

1. PLACE OF DEATH  
 County Nodaway Registration District No. 617  
 Township \_\_\_\_\_ Primary Registration District No. 4368  
 City Barnard (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Dorothy Evelyn Holmes Hargrave  
 (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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 George Harvey Hargrave

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>25</u>	<u>57</u>	<u>6</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Jan 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Missouri

13. NAME Daniel Stout Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT G H Hargrave (ADDRESS) Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnard Mo DATE 4-3 1937

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marionville Mo.

20. FILED 4-3 1937 Chas. D. Humboldt Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937, to April 1 1937  
 I last saw him alive on March 31, 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion Date of onset 4-1-

Other contributory causes of importance:  
Chronic nephritis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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 Chas. D. Humboldt (Signed) \_\_\_\_\_, M. D.  
 (Address) Barnard, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state SPECIFIC CAUSE OF DEATH.

