

**JUN 28 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 21077

Township R.F.D. Higbee

Primary Registration District No. 3034

Registered No. 132

City Woodland Hospital

(No. Woodland Hospital)

St. 1 Ward

2. FULL NAME Mary E Hargis

(a) Residence, No. R.F.D. HIGBEE St. 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred: yrs. 3 mos. 30 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~~
(OR) WIFE OF Homer Hargis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17 1901

7. AGE YEARS 35 MONTHS 7 DAYS 18 IF LESS than 1 day, hrs. or min.

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

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) 9 days 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

13. NAME William Sumpter

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

15. MAIDEN NAME Nettie Buckley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon Co.

17. INFORMANT Homer Hargis # Husband #
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fareview DATE May 14 1937

19. UNDERTAKER Snow Funeral Home
(ADDRESS) Woodland Hospital

20. FILED May 13, 1937 Edith Clayton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 12, 1937

I last saw her alive on May 12, 1937. Death is said

to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

uterine fibroids and subinvolution
uterus, chronic salpingitis Date of onset 8 months

Other contributory causes of importance:

Name of operation Hysterectomy + salpingectomy Date of May 11/37

What test confirmed diagnosis? Operation 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 No

(Signed) R. D. Streeton, M. D.

(Address) Moherly, Mo.

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.

3

1.1

1.1

NOITA

1.1

1.1

139B1

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No.)

Registration District No. 735
Primary Registration District No. 3034

File No. 21077
Registered No. 133
St. Ward)

2. FULL NAME

(a) Residence, No. Mary E. Hargis 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 7 18

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 13 1937 Ethel Bluetin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

*Chronic Salpingitis
uterine fibroids and
subinvolved uterus,
chronic salpingitis.*
Other contributory causes of importance:

WMO

Name of operation 139B1 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
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) R. D. Streetor, M. D.
(Address) Moberly Mo

ALL NOT RECEIVE A FEE FOR CERTIFICATES DEATH ONLY IS COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

7E01C-5