

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.

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

Do not use this space.

JAN 15 1938

1. PLACE OF DEATH

County Arlington

Registration District No. 20

Township Tarkenton

Primary Registration District No. 4014

City Tarkenton

(No. _____)

St. _____ Ward _____

2. FULL NAME

Hattie N Rankin

(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 28 yrs. 0 mos. 0 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 11 7

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) New Hampshire

13. NAME Jonathan N. Armes

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

15. MAIDEN NAME Harriet Hitchcock

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

17. INFORMANT (ADDRESS) Mrs. Mabel Crawford
Tarkenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Dec 2 1937

19. UNDERTAKER (ADDRESS) J. M. Davis
Tarkenton, Mo.

20. FILED Nov 30 1937 C. W. Vaughn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937 to Nov 30 1937

I last saw him alive on _____ 19 _____ Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Chronic Hypertension, 1935
Chronic arthritis, 1935
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____

If so, specify _____

(Signed) C. W. Vaughn, M. D.

(Address) Tarkenton, Mo.

