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.

REC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 284 — File No. 25247
Township Freeborn — Primary Registration District No. 5403 — Registered No. 13
City Clarkton (No. ..... St. ..... Ward)

2. FULL NAME Minerva Caroline Hargraves 606
(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 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: John Hargraves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1879
7. AGE: 59 YEARS, 3 MONTHS, DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jonesboro Ark. 1

FATHER
13. NAME: Acy Puckett 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Minerva Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jonesboro Ark.

17. INFORMANT (ADDRESS): John Hargraves Clarkton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield DATE July 9 1938
19. UNDERTAKER (ADDRESS): J. C. Fox Holcomb Mo.
20. FILED 7-9 1938 J B Stimmel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to 7-7, 1938
I last saw her alive on 7-7, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Sarcoma	

Other contributory causes of importance: 47c

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? .....
If so, specify .....
(Signed) Geo F Ilkerson, M. D.
(Address) Gideon Mo.