

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

Do not use this space.

1. PLACE OF DEATH

County Laverne Registration District No. 468

Township _____ Primary Registration District No. 4281

City Marionville (No. _____ St. _____ Ward _____)

File No. 43845

Registered No. 28

2. FULL NAME

Matie A. Shargo

(a) Residence, No. W. 1st St. (Usual place of abode) _____ St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 Henry S. Shargo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1849

7. AGE YEARS 90 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Morgan Co, Ill.

FATHER 13. NAME Wm C. Stokes

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

MOTHER 15. MAIDEN NAME Melissa James

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville, Ohio

17. INFORMANT (ADDRESS) Ch. C. W. Servey, Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Dec 26 1939

19. UNDERTAKER (ADDRESS) Dunford Funeral Home, Marionville, Mo

20. FILED Dec. 27, 1939 Laura O'Connell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 39

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1939, to Dec 17, 1939

I last saw her alive on Dec 17, 1939. Death is said to have occurred on the date stated above, at 1:50 p.m.

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

Arthma, chronic many years. myocardial weakness & disease

Other contributory causes of importance: Senility

Name of operation _____ 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 _____ (Signed) R. L. Dancy M. D. (Address) Marionville, Mo

419 (Address) _____

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.

RECEIVED

District Health Officer No. 6,

District File Number 140-104

Date Filed JAN 9 1940