

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry

Registration District No. 347

Township Clinton Mo

Primary Registration District No. 3018

City Clinton Mo (No.         )

File No. 9616  
Registered No. 40  
St.          Ward         

**2. FULL NAME**

Wm Russell Hargrave

(a) Residence. No. 309 S. 1st St.,          Ward.

(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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>10</u>	<u>3</u>	<u>16</u>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Heardsville Sta Mo  
(STATE OR COUNTRY)         

10. NAME OF FATHER Frank Hargrave

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Heardsville Sta Mo  
(STATE OR COUNTRY)         

12. MAIDEN NAME OF MOTHER Helen Coff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Heard  
(STATE OR COUNTRY) Coal Mo

14. INFORMANT Mrs. Frank Hargrave  
(Address) Clinton - Mo

15. FILED 3/21 19 31 Ed. C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/17 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/7 1931, to 3/17 1931, that I last saw him alive on 3/17 11:30, 1931, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
2/12/31  
12/10 108 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Catarrhus appendicitis  
from 3/7 to 3/12 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH? No DATE OF           
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chisneau  
(Signed) E. C. Peelor, M. D.  
, 19          (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deakes Chappel DATE OF BURIAL 3-19 1931

20. UNDERTAKER Shore & Son Clinton Mo  
ADDRESS         

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

APR 23 1931

