

OCT 22 1935

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

Do not use this space.

29065

1. PLACE OF DEATH

County ColeRegistration District No. 211Township MurionPrimary Registration District No. 5291

City (No.)

File No.

Registered No. 30

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leola Dargatz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5, 1884</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole County Mo.</u>	
	13. NAME <u>Conrad Dargatz</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	15. MAIDEN NAME <u>Sarah Longan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Sarah Dargatz, Centerville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE		
19. UNDERTAKER (ADDRESS) <u>William M. Friedmeyer, California Mo.</u>		
20. FILED <u>Sept. 16, 1935</u> <u>Dr. H. T. Beach</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 193522. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1935, to Sept. 14, 1935I last saw him alive on Sept. 14, 1935 Death is saidto have occurred on the date stated above, at 5 P. M.

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

Coronary Occlusion Date of onsetOther contributory causes of importance:
NoneName of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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) Francis J. Nichols, M. D.
(Address) Centerville, Mo.

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.

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