

OCT 25 1927

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

Do not use this space.

26716

1. PLACE OF DEATH  
 County Cass Registration District No. 136  
 Township Miami Primary Registration District No. 5204  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Arthur Wayne Gargee  
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) 8-10-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. — — 1 1

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

10. NAME OF FATHER A W Gargee

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

12. MAIDEN NAME OF MOTHER Estie Hattabough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

14. INFORMANT (Address) Joe Rucker Miami Station Mo

15. FILED 10/27 Calvin Fisher REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927 to Aug 10, 1927 that I last saw her alive on Aug 10, 1927, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Idiopathic Perforation  
70A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Probably Abortion (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 69A

IF THAT PLACE OF DEATH \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? 8 DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? W G Brown, M.D  
 (Signed) Aug 11, 1927 (Address) Bassett 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 Evergreen Cem, Detroit Mo DATE OF BURIAL 9-11 1927

20. UNDERTAKER Nellie Bros ADDRESS Cassett Mo

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

