

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

Do not use this space.

18461

1. PLACE OF DEATH

County St. Jackson Registration District No. _____
 Township New Primary Registration District No. _____
 City Manassas City Mo (No. General Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2527

2. FULL NAME Rose Ellen Harris

(a) Residence. No. Buckner Mo St. _____ Ward. Buckner Mo
 (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

3. SEX Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 11 12

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

9. BIRTHPLACE (CITY OR TOWN) Buckner
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER George W. Harris

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

12. MAIDEN NAME OF MOTHER Emma Messner

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

14. INFORMANT Mr. R. M. Powers
 (Address) Independence Mo,

15. FILED 6-25-27 RRA 3
M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1927

17. Deputy Coroner
 I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abortion Self Induced
1111
1430

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Charles Messner, M. D.

(Address) 6-27-27 Deputy Coroner

*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 Oakland Cemetery DATE OF BURIAL June 26 1927

20. UNDERTAKER Ott + Mitchell ADDRESS Independence Mo

K. 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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

