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

Do not use this space.

32932

File No.
Registered No. 107

1928

1. PLACE OF DEATH

County: Carroll
Township: Carrollton
City: Carrollton (No. ..... St. ..... Ward)

Registration District No. 135
Primary Registration District No. 3010

2. FULL NAME Bessie Harker

(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Raymond Harker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-17-1886

7. AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Triplett
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Pete Finney
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tuscola
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Julia Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Shrigton Co.
(STATE OR COUNTRY): Mo

14. INFORMANT: Julia Miller
(Address): Carrollton Mo.

15. FILED 11-14, 1927 Mrs E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-14 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-10-27, 19..., to 11-14, 1927 that I last saw h. alive on 11-13, 1927, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis - Chr Tubular
1 2 1
1 2 4 1 2 9 R
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Uremia
(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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. B. Brown, M. D
, 19 (Address) Carrollton 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: Triplett Mo.
DATE OF BURIAL: 11-16 1927

20. UNDERTAKER: Standley
ADDRESS: Carrollton 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.

1927
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1886