FEB 21 1928

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

Do not use this space 1667

1. PLACE OF DEATH
County Laclede — Registration District No. 933 — File No.
Township Spring Hollow — Primary Registration District No. 5613 — Registered No.
City (No. , St. Ward)

2. FULL NAME Genevieve Harrell
(a) Residence. No. Brice, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 13, 1905

7. AGE: 22 YEARS | 4 MONTHS | 20 DAYS | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housework
(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): Chicago, Ill.

PARENTS
10. NAME OF FATHER: Willard Cumbea
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va. U.S.A.
12. MAIDEN NAME OF MOTHER: Mt Kaun
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind. U.S.A.

14. INFORMANT: Mrs. Mary S. Cumbea
(Address) Brice, Mo.

15. FILED Feb 10, 1928 Ses P Hooper REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 3, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1928, to Jan. 3, 1928 that I last saw her alive on Jan. 3, 1928 and that death occurred, on the date stated above, at 10:30 P.M

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism
92A
90A
90A
15 minutes (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Aortic Stenosis
(duration) 1 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? none
(Signed) H. A. Hamilton, M. D.
, 19 (Address) Lebanon, 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: Benton Branch — DATE OF BURIAL: 1-4 1928

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

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.

THIS IS A PERMANENT RECORD