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

Do not use this space. 6288

MAR 25 1929

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 27
Township " — Primary Registration District No. 4227 — Registered No.
City West Plains Mo (No. ..... St. ..... Ward)

2. FULL NAME Mary Harlin
(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: Fe
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 28-1843
7. AGE: 85 Years — Months: 10 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Monroe Co. Ky
PARENTS
10. NAME OF FATHER: Jas Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Ky
12. MAIDEN NAME OF MOTHER: Hannah Cummings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
14. INFORMANT: J P Harlin
(Address): West Plains, Mo
15. FILED 3-2, 1929 J P A Heinrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/19 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929, to 2/19, 1929, that I last saw her alive on 2/19, 1929, and that death occurred, on the date stated above, at 4:50 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder
53 R (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 49 (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Cystoscope
(Signed) R E Hogan, M. D
2-22 Jan 1929 (Address) West Plains 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: Oak Lawn — DATE OF BURIAL: 2/20 1929
20. UNDERTAKER: McFarland's — ADDRESS: West Plains 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.