R 23 1929

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

Do not use this space.

9509

1. PLACE OF DEATH
County: Benton
Township: Williams
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 59
Primary Registration District No. 5094

File No. .....
Registered No. 7

2. FULL NAME: Rebecca Harms

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Harms

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-28-1851

7. AGE: 77 Years 2 Months 21 Days. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Missouri

PARENTS

10. NAME OF FATHER: Schnockenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Theodore Harms
(Address): Cole Camp Mo

15. FILED 4-2, 1929 Harry Bay
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-22 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 22, 1929, to Mch 22, 1929 that I last saw h. alive on Mch 22, 1929, and that death occurred, on the date stated above, at 4:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion
92A
99 (duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) Don't Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Harry Bay, M. D
3-23, 1929 (Address) Cole Camp 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: Cheese Creek Cemetery
DATE OF BURIAL: 3-24-29

20. UNDERTAKER: E L Eckhoff & Co
ADDRESS: Cole Camp 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.