

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

Do not use this space.

21097

1. PLACE OF DEATH

County W Douglas
Township Miller
City Bryant (No.)

Registration District No. 1061
Primary Registration District No. 5-385-

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs Emmeline Harsh

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 20 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)

widowed

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

Rev. L. W. Harsh

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 19 1849

7. AGE

YEARS	MONTHS	DAYS
79	9	6

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)

Williamsport Penn.

10. NAME OF FATHER

William Beaver

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

Williamsport Penn.

12. MAIDEN NAME OF MOTHER

Louise George

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

Williamsport Penn.

14. INFORMANT (Address)

Mrs O. P. Ludlow
Bryant Mo

15. FILED

26 June 19 29 W. D. McCreite
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

June 25 19 29

17.

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1926, to June 25, 1929, that I last saw her alive on June 24, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
131
920A

CONTRIBUTORY (SECONDARY) Entestha nephritis (duration) several years yrs. mos. ds.
several years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? 1290A DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Luson, M. D.
June 25, 19 29 (Address) Manassas 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

DATE OF BURIAL

Beloit Kansas 28 19 29

20. UNDERTAKER

ADDRESS

F. A. Steffe Manassas 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.

18 JUL 1 1929
2350

