

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

Do not use this space.

1. PLACE OF DEATH

County..... Jackson
Township..... Blue
City..... Atherton (No.)

Registration District No. 398
Primary Registration District No. 5554

File No. 40536
Registered No. 423
St. Ward)

2. FULL NAME

Januel Halterman Miner Harless

(a) Residence. No. Atherton 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 9 yrs. 2 mos. ✓ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-10 1929 8 P.M.

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

17. I HEREBY CERTIFY, That I attended deceased from June 10th 1928 to Dec, 10th 1929 that I last saw her alive on Dec, 10th 1929 and that death occurred, on the date stated above, at 5.30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplectic Stroke

7. AGE 68 YEARS 6 MONTHS 9 DAYS If LESS than 1 day, hrs. or min.

CONTRIBUTORY (SECONDARY) High Blood Pressure (duration) 6 yrs. 6 mos. 6 ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED Not a Disease, A Condition due to advanced Age IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hardy Co., West Virginia

10. NAME OF FATHER

Halterman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER

NOT KNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) West Virginia

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem Cem. DATE OF BURIAL Dec 13 1929

20. UNDERTAKER V.M. Reppert ADDRESS Buckner

14. INFORMANT Her son, Mr. Harless (Address) Atherton, Mo

15. FILED 12-16, 1929 F.R. Cook REGISTRAR

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. 235 2

