

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

Do not use this space.

1257
1495

1. PLACE OF DEATH

County Jackson
Township Waver
City W. C. Mo (No. East Side Hosp.)

Registration District No. 390
Primary Registration District No. 1001

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 15-19 Topping St., 12 Ward.

(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 8 9

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) In own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Joe Shannon

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

12. MAIDEN NAME OF MOTHER Jennie Henderson

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

14. INFORMANT Harry Harris (Address) 15-19 Topping

15. FILED 4/5 19. 30 M. M. Crowe REGISTRAR ast

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30 1930, to April 3 1930 that I last saw her alive on April 3 1930, and that death occurred, on the date stated above, at 1220 Waver

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
92A
(duration) yrs. mos. ds. 1

CONTRIBUTORY (SECONDARY) 74001
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Frank H. Evans, M. D.

4/3 1930 (Address) 804 Arzyle

*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 Plumwood Cem. DATE OF BURIAL April 5, 1930

20. UNDERTAKER Howe + Henderson ADDRESS W. C. 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.

WHITE LABEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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