

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

Do not use this space.

19866

JUL 23 1930

1. PLACE OF DEATH

County Johnson Co
Township Jefferson
City Jefferson (No. St. Ward)

Registration District No. 439
Primary Registration District No. 53-93-

File No.
Registered No. 8

2. FULL NAME

Angeline Grace Harrington
(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-3-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 - 3 - 6

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)

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

10. NAME OF FATHER Abraham Evans

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

12. MAIDEN NAME OF MOTHER Mrs. Graham

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

14. INFORMANT Mrs. Chas. McChlain
(Address) Aulville Mo. Rt 1

15. FILED 7/9/30 Mrs. A. Norton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-19 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to June 19, 1930 that I last saw h.e. alive on June 17, 1930 and that death occurred, on the date stated above, at 1-2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial
myo carditis
930 (duration) 2 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 9013 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 6

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. G. Sauls M. D.

June 20, 1930 (Address) Concordia 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

New Church Cemetery 6-20 1930

20. UNDERTAKER Wheeler-Cole Co. K. ADDRESS Warrensburg 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.

