

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.

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SEP 9 1930

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

Do not use this space.
Dr. Gibbs,
25798
File No.
Registered No. 107
St. _____ Ward)

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township South West Primary Registration District No. 3002
City Mexico Mo (No. _____) St. _____ Ward)

2. FULL NAME

Mary Lavina Harding
(a) Residence. No. 410 9 West Anderson, St. 2th. 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 Wm L. Harding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4th, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 2 18

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Geo. W. Larimer

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

12. MAIDEN NAME OF MOTHER Sarah Vinney

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

14. INFORMANT Mrs. W. W. Jackson
(Address) Mexico Mo.

15. FILED Aug 24th 1930 Ina S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1930, to Aug 22, 1930 that I last saw her alive on Aug 21, 1930 and that death occurred, on the date stated above, at 8:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Ovary
and including the
ovarian duct system
(duration) 2 yrs. 8 mos. 22 ds.

CONTRIBUTORY (SECONDARY) part known
(duration) yrs. mos. do.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. E. Gibbs M. D.
19 (Address) Mexico Mo.

*State the DISEASE CAUSING DEATH, or if 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 Mexico Mo. DATE OF BURIAL Aug 24 1930

20. UNDERTAKER McQuate Bros ADDRESS Mexico Mo.

