

OCT 28 1930

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

Do not use this space.

29070

1. PLACE OF DEATH
County..... Barton Registration District No. 40
Township..... Lamar Primary Registration District No. 4024
City..... Lamar (No.) St. Ward)

2. FULL NAME Martha Ella Harrington
(a) Residence. No. St. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. H. Harrington
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 5 | 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).....
(c) Name of employer.....

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

10. NAME OF FATHER John Cones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucinda Marsh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Josephine Harrington
(Address) Lamar, Mo.

15. FILED Oct 4 1930 A. J. Myratt
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug-15, 1930, to Sept-19, 1930 that I last saw her alive on Sept-19, 1930, and that death occurred, on the date stated above, at 3:30 a.m.

1538 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
from ulcer in right leg

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 154B
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) W. J. S. Applewell M. D.
9-20, 1930 (Address) Lamar 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 Lake Cemetery
DATE OF BURIAL Sept 19 1930

20. UNDERTAKER G. F. Kerantz
ADDRESS Lamar

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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