

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

Do not use this space.

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36647 a

**1. PLACE OF DEATH**

County Texas Co  
 Township Carroll  
 City Somerville (No. ....)

Registration District No. ....  
 Primary Registration District No. 6140

File No. ....  
 Registered No. 21 St. .... Ward)

**2. FULL NAME**

Mary S. Harris

(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 ↑ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 74 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work.  
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 4 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Deer, Mo  
Henry Co. Mo.

MOTHER 13. NAME James Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Deer, Mo  
Henry Co. Mo.

15. MAIDEN NAME Mary S. Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Deer, Mo  
Henry Co. Mo.

17. INFORMANT Rupert Harris  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 25<sup>th</sup> Oct. 1931

19. UNDERTAKER Tom Laidley  
 (ADDRESS)

20. FILED 12-29 1931 L. H. Waller  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 22<sup>nd</sup> 1931, to Oct 24 1931  
 I last saw him alive on Oct. 17<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of the stomach  
metastasis, metastasis.

Other contributory causes of importance: 59

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....

(Signed) D. J. M. Reed, M. D.  
 (Address) Somerville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every member of profession should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

