

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

Do not use this space.

22245

1. PLACE OF DEATH

County Cedar Registration District No. 166
Township Washington Primary Registration District No. 6-2-34
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 70

2. FULL NAME

Nannie Harris
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. T. Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1857
7. AGE YEARS 74 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1932
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1932, to July 28, 1932
I last saw him alive on July 26, 1932. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset _____
Other contributory causes of importance: _____
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) H. A. Sumrell, M. D.
(Address) Stockton Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Cedar Co. Mo.
13. NAME Tom Caplinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.
15. MAIDEN NAME Martha French
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.
17. INFORMANT (ADDRESS) Jimmie B. Harris Stockton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Caplinger Cem. DATE July 29 1932
19. UNDERTAKER (ADDRESS) W. C. Dancy & Co. Stockton Mo.
20. FILED Aug 22 1932 E. S. Smith Registrar.
Mary Boyler.

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.

AUG 23 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

