

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

Do not use this space.

26516

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 414 File No. 28  
 7 Township Joplin Primary Registration District No. St. Johns Hospital Registered No. -  
 5 City Joplin (No. St. Johns Hospital) Ward -

**2. FULL NAME**

Audrey Virginia Harlow  
 (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 Blk. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd M. Harlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25-1906

7. AGE YEARS 25 MONTHS 9 DAYS - IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bone Co Arkansas

13. NAME Thomas Samuel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beauregard Ark

15. MAIDEN NAME Etta Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Lloyd Harlow

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Aug 29 32

19. UNDERTAKER (ADDRESS) Funeral Home Co.

20. FILED 8/28 1932 Atkinson Clark Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25-32

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932 to Aug 25, 1932

Last saw her alive on Aug 25, 1932 Death is said to have occurred on the date stated above, at 1658

The principal cause of death and related causes of importance were as follows: 1215

179 Peritonitis Date of onset \_\_\_\_\_

Following appendicitis

Other contributory causes of importance:

1121

Name of operation Appendix removed Date of op. Aug

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 \_\_\_\_\_, 1932

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) W. W. Winchester M.D.

(Address) Joplin 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.

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

SEP 03 1932

