

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

Do not use this space.

38013

1. PLACE OF DEATH

97 County Saline

Registration District No. 789

Township Cambridge

Primary Registration District No. 6032A

City _____ (No. _____)

St. _____

Ward _____

File No. _____

Registered No. 4747

2. FULL NAME Regina Tracy 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 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 Will Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1-18

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min. 60 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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

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) Saline Co, Mo

13. NAME Anton Mirtzwa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 10

15. MAIDEN NAME Adaline Spely

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

17. INFORMANT William Harris (ADDRESS) Saline Mo

18. BURIAL, CREMATION, OR OTHER PLACE Rehoboth, Mo DATE Nov 25 32

19. UNDERTAKER Jones & Soper (ADDRESS) Saline Mo

20. FILED Nov 25 32 1932 W. M. Little Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1932, to Nov 25, 1932

I last saw him alive on Nov 5, 1932 Death is said to have occurred on the date stated above, at 1020 1/2 m.

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

Pulmonary T.B.C. Date of onset 1929

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Lab Was there an autopsy? no

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? no

If so, specify _____ (Signed) W. M. Little M. D.

(Address) Saline Mo

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

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.

JAN 5 1933

WHICH RESERVED FOR BIRTHING

SA NO. 2.

1930 71 23
1872 1 1