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

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

Do not use this space.

38018

1. PLACE OF DEATH

97 County Saline — Registration District No. 801 — File No.

9 Township Salt Pond — Primary Registration District No. 4480 — Registered No.

2 City Sweet Springs (No. ..... , ... St. ..... Ward)

2. FULL NAME Margrette Anna Harris

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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) Widow

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF A. P. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1861

7. AGE — YEARS 71 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sept. 9. 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Riley Aulgur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Betsy Lee Camel

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

17. INFORMANT (ADDRESS) Wm Harris Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview DATE Nov. 9 1932

19. UNDERTAKER (ADDRESS) R C Carter Sweet Springs, Mo

20. FILED 11-8 1932 A H Dingen Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1932

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ Sept. 15, 1932, to Nov. 7th, 1932

I last saw her alive on Nov 6th, 1932 Death is said to have occurred on the date stated above, at 9 1/2 A.m.

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

	Date of onset
Bronchopneumonia	Nov 22 1932
complicating a fractured	
Femur of left limb	
	14

Other contributory causes of importance: Cardio-Nephritis — 5 Mo. Duration 1927

1860 ①

Name of operation: none Date of

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 9, 1932

Where did injury occur? At his home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In the home

Manner of injury Fell & fractured left femur

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Oyse W. Parrish M. D.

(Address) Sweet Springs Mo