

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.

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

Do not use this space.

1. PLACE OF DEATH

27 County Cooper Registration District No. 217 File No. 5165
Township _____ Primary Registration District No. 4731 Registered No. _____
City Blackwater (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Jane 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12th 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 1 22

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife

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) Aug. 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamine Cooper Mo
Missouri

13. NAME Arroy Freeman

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

15. MAIDEN NAME Mary Ann Smith

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

17. INFORMANT Joe Harris
(ADDRESS) Box 85 Blackwater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nelson Mo. DATE Feb. 5th 1933

19. UNDERTAKER Schwitzky Warnehoff
(ADDRESS) Blackwater Mo.

20. FILED 3-3 1933 H. J. Gouley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8th 1932 to Feb 3rd 1933

I last saw him alive on Feb 3, 1933. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Carcinoma of Stomach Date of onset July 1932
463

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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 _____, 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? No

If so, specify _____
(Signed) H. J. Gouley M. D.
(Address) Blackwater, Mo.

