

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

Do not use this space.

791

17955

1003

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. *Delmar*

File No.....

Registered No.....

4153

St.....

Ward.....

2. FULL NAME

(a) Residence, No. *5351 Delmar* St. *12* Ward.

(Usual place of abode) *Masonic Home*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5 yrs. 11 mos. 4 ds.*

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Mary Harrington*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 6 - 1845*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>88</i>	<i>3</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Do not know*

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Birmingham England*

13. NAME *F. H. Harrington*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

15. MAIDEN NAME *Emma Hyde*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT *Wilmoth Waller* (ADDRESS) *5351 Delmar St. Delmar*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine* DATE *May 10 1933*

19. UNDERTAKER (ADDRESS) *Wagoner 3621 Collins St.*

20. FILED *MAY 10 1933* Registrar. *F. H. Harrington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mon, May 8 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 19 29*, 19....., to *May 8*, 1933

I last saw him alive on *May 8*, 1933. Death is said to have occurred on the date stated above, at *1:07 P. m.*

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

Chronic Myocarditis
131
150
Other contributory causes of importance:

Date of onset

6 months

Interstitial Nephritis Chronic

Name of operation..... Date of.....

What test confirmed diagnosis? *Ph. Ex.* 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? *No* If so, specify.....

(Signed) *John Tarnerson* M. D. (Address) *508 N. Grand Blvd*

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.

8

31

31

