

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

Do not use this space.

20223

1. PLACE OF DEATH

54 County..... **Lafayette** Registration District No. **460**
 Township..... **Dover** Primary Registration District No. **4273**
 City..... **Dover** (No., St. Ward)

2. FULL NAME

(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 **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 13th 1861**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 1 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **House Work**
 10. Date deceased last worked at this occupation (month and year) **All her life** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Dover, Mo.** (STATE OR COUNTRY)

FATHER
 13. NAME **James Harwood**

14. BIRTHPLACE (CITY OR TOWN) **Virginia** (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Jennie B. Carter**

16. BIRTHPLACE (CITY OR TOWN) **Virginia.** (STATE OR COUNTRY)

17. INFORMANT **W. G. Harwood** (ADDRESS) **Dover, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dover Cemetery** DATE **6-25-33**

19. UNDERTAKER **A. H. Hester** (ADDRESS) **Higginville, Mo.**

20. FILED **6-24-33** **Dr. W. A. Braecklein** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 23 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 2**, 19**33**, to **June 23 1933**, 19....

I last saw her or alive on **June 22nd 1933** Death is said to have occurred on the date stated above, at **12-30 A. M.**

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

Had suffered since may with weakness from an unexplained blood loss. She died in bed at 7:00 June 23. Suffered from low blood count.

Other contributory causes of importance:

*135 lb 1/200 W
95-13*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? **—**
 If so, specify.....

(Signed) **W. G. Harwood**, M. D.
 (Address) **Dover, 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.

JUN 27 1933

The following information was obtained from a review of the files of the [redacted] and [redacted] on [redacted] and [redacted]. The information is being provided to you for your information only and is not to be disseminated outside your agency.

[redacted] was born on [redacted] at [redacted]. He is currently residing at [redacted]. [redacted] is a [redacted] and has been employed by [redacted] since [redacted].

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