

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.

SEP 26 1933

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

Do not use this space.

25763

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Paplar Bluff Primary Registration District No. 3007
 City Paplar Bluff Mo. Brandon Hospital St. _____ Ward _____

2. FULL NAME Neva Marie Harris
 (a) Residence, No. Pashee Station Mo. 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.

File No. _____
 Registered No. 143
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	2	3	28	

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

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) Pashee Station Mo

FATHER
 13. NAME Chas H. Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
 15. MAIDEN NAME Ruth Cattion
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pashee Station Mo

17. INFORMANT Chas H. Harris
 (ADDRESS) Pashee Station Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cattion Cem. DATE Aug 20, 1933

19. UNDERTAKER M. P. Phelphs
 (ADDRESS) Paplar Bluff Mo

20. FILED Aug 19 1933 D. J. Cline
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1933, to Aug 18, 1933
 I last saw h. or alive on Aug 18, 1933 Death is said to have occurred on the date stated above, at 6:40 p. m.
 The principal cause of death and related causes of importance were as follows:
@ Cholera Infantum Date of onset _____

Other contributory causes of importance: 12011 114 10

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) M. L. Brandon, M. D.
 (Address) Paplar Bluff Mo.

