

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

Do not use this space.

27212

File No. \_\_\_\_\_  
Registered No. 71  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
78 County Pemissot Registration District No. 651  
24 Township \_\_\_\_\_ Primary Registration District No. 4388  
4 City Cauthersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fannie 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 Black married 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Albert Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>About</u>	<u>4</u>	<u>-</u>	<u>-</u>	

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

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

10. Date deceased last worked at this occupation (month and year) July 1, 1933 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tenn

13. NAME Steve Wade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tenn

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tenn

17. INFORMANT Lucy Bates (ADDRESS) Cauthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist DATE 8-9-33

19. UNDERTAKER J.M. Hardwick (ADDRESS) Cauthersville, Mo.

20. FILED Aug 26, 1933 Ada Martin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7<sup>th</sup>, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1933, to Aug. 7, 1933  
I last saw him alive on July 25, 1933. Death is said to have occurred on the date stated above, at 6 a. m.  
The principal cause of death and related causes of importance were as follows:  
Abscess of ovary  
Date of onset 7-15-33

Other contributory causes of importance: none

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. \_\_\_\_\_

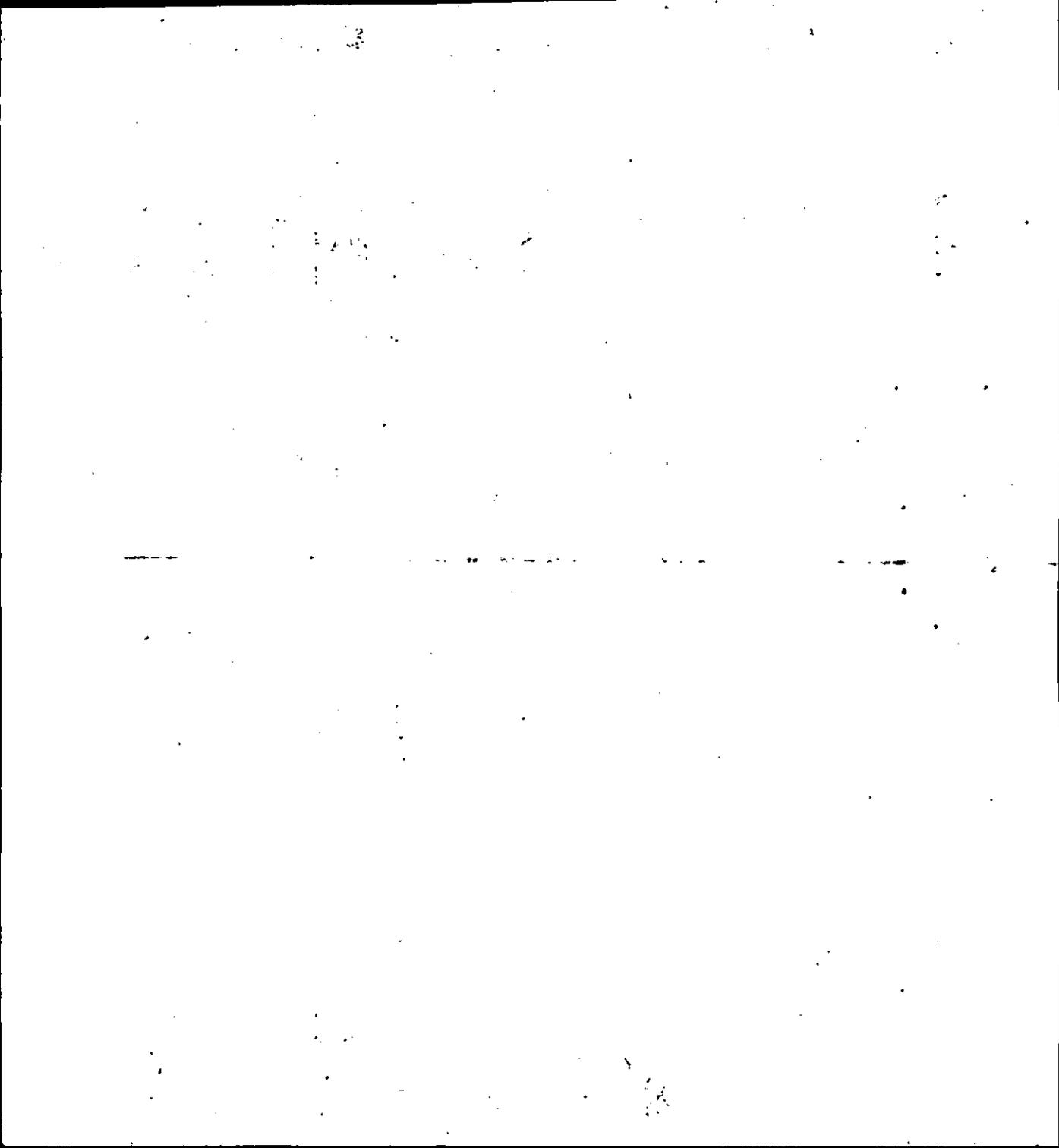
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. P. Purson, M. D.  
(Address) Cauthersville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. Age amount of service.

SEP 26 1933

OCCUPATION  
FATHER  
MOTHER



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pemscot  
Township Carthersville  
City Carthersville (No.         )

Registration District No. 651  
Primary Registration District No. 4388

File No. 27212  
Registered No. 71  
St.          Ward         

**2. FULL NAME**

Jannie 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from          to         , 1934

I last saw h.          alive on         , 1934. Death is said to have occurred on the date stated above, at          m.

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

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

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

Adhesions of ovary Date of onset           
tears of Puerperal

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         

Other contributory causes of importance:         

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

13. NAME

Name of operation          Date of         

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

What test confirmed diagnosis?          Was there an autopsy?         

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 1934

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

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

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury         

PLACE          DATE         , 1934

Nature of injury         

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?         

20. FILED March 10, 1934 Aida Martin Registrar

If so, specify         

(Signed)         , M. D.

(Address)         

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-27212