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
County Clinton — Registration District No. 207 — File No. 20
Township — Primary Registration District No. 4125 — Registered No. 33
City Plattsburg (No. ..., ... St. ... Ward)

2. FULL NAME Mary Ann Harris
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1855.
7. AGE Years 78 Months 0 Days 15. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) Clinton Co. Mo.

FATHER
13. NAME Benjamin Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Corintha Goodwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Rol Harris Plattsburg Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg Mo DATE 9-16, 1933
19. UNDERTAKER (ADDRESS) Nelson H. Brien Plattsburg Mo.
20. FILED 9/16, 1933 O W Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 1928, 19..., to Sept 14, 1933
I last saw her alive on Sept 14, 1933. Death is said to have occurred on the date stated above, at 4 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Arteriosclerosis~~	
Arterio Sclerosis	1920

Other contributory causes of importance:
Age 97

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) S D Reynolds, M. D.
(Address) Plattsburg Mo