

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.

OCT 20 1933

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

Do not use this space.

29263

1. PLACE OF DEATH

County Waukegan
Township Independence
City Kennett (No.)

Registration District No. 288
Primary Registration District No. 4172

File No.
Registered No.
St. Ward)

2. FULL NAME

Elizabeth Ann Harrold

(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 F 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) June 13-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 29

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) Kennett Mo

FATHER 13. NAME F. D. Harrold

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

MOTHER 15. MAIDEN NAME Jana Lemonds

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

17. INFORMANT F. W. Lemonds (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett DATE 9/11 1933

19. UNDERTAKER Baldwin Funeral Home (ADDRESS) Kennett Mo

20. FILED Sept 20, 1933 W. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1933, to Sept. 11 1933. I last saw him alive on Sept 10 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:
Acute Spleen-Colitis

Date of onset
9/1/33

Other contributory causes of importance: 119B

8. 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? No.
If so, specify

(Signed) Paul Baldwin, M. D.
(Address) Kennett Mo

