

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

Do not use this space.

31881

1. PLACE OF DEATH

97 County Saline Registration District No. 797 File No.
 Township Primary Registration District No. 6040 Registered No. 14
 City Marion (No.) St. Ward)

2. FULL NAME

Harriet Beulah Binney
 (a) Residence, No. St. Ward. (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 W 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) Dec-30-1859
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
72 8 21

OCCUPATION
 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. Homekeeper
 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) Mo

FATHER
 13. NAME Milo Binney

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

MOTHER
 15. MAIDEN NAME Harriet Skinner

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

17. INFORMANT W. H. Binney
 (ADDRESS) Beulah Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Beulah Mo DATE Sept 23 1933

19. UNDERTAKER Miss Binney
 (ADDRESS) Beulah Mo

20. FILED 9-22 1933 Miss Aubrey Haynes
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1933 to Sept 21 1933
 I last saw her alive on Sept 19 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Encephalitis lethargica Date of onset 8/30/33
17
 Other contributory causes of importance: 17

Name of operation Date of
 What test confirmed diagnosis? Clinical 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) L. Manning, M. D.
 (Address) Marshall, Mo

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.

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