JAN 26 1934

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

Do not use this space.
39512

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: (No. 5280 St.) (Ward)
Registration District No. 201
Primary Registration District No.
File No. 128
Registered No.

2. FULL NAME: Pauline Clinton Harris
(a) Residence, No. Liberty Mo R#1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wylie Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 18 - 1872
7. AGE: Years 61 Months 9 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 1 day
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo.

FATHER
13. NAME: Napoleon Bush.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co. Ky

MOTHER
15. MAIDEN NAME: Mary Tilden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

17. INFORMANT (ADDRESS): Wylie Harris Liberty Mo R#1
18. BURIAL, CREMATION, OR REMOVAL: Fairview
PLACE: Liberty Mo DATE: 12/22/33
19. UNDERTAKER (ADDRESS): Church - Archey Co. Liberty Mo.
20. FILED 12/22 1933 E. T. Brant Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20 - 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1933, to Dec 20 1933
I last saw her alive on Dec 20 1933. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

She became unconscious about 2.30 PM
I saw her about 5 PM dying - I judge she
had a large stroke of apoplexy. She
has been a sufferer since 16 years old
of migraine headaches. She had gall
bladder operation - later uterus re-
moved for fibroids - later a tumor
cancer of the rectum. I revised - I feel.

Other contributory causes of importance:

Name of operation: none 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) John H Rothwell, M. D.
(Address) Liberty 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.

MARGIN RESERVED FOR BINDING

V. S. No. 2