

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.

40430

1. PLACE OF DEATH

County Joseph
 Township Manion
 City Carthage (No. _____) St. _____ Ward _____

Registration District No. 408
 Primary Registration District No. 3020

File No. _____
 Registered No. _____

2. FULL NAME

Ella Harrison
 (a) Residence, No. _____ Ward. _____
 (Usual place of abode) Exhumes & Orners

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 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) Apr. 18, 1859
 7. AGE YEARS 74 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION - 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry
 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) Sandusky (STATE OR COUNTRY) Ohio

FATHER 13. NAME D. G. Harrison
 14. BIRTHPLACE (CITY OR TOWN) Washington, Kentucky (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Williams
 16. BIRTHPLACE (CITY OR TOWN) Washington, Kentucky (STATE OR COUNTRY) Ohio

17. INFORMANT Harry Putnam (ADDRESS) Carthage, Missouri

18. BIRTH, CREMATION, OR REMOVAL Carthage, Missouri DATE Dec. 15, 1933

19. UNDERTAKER Knell Mortuary (ADDRESS) Carthage, Missouri

20. FILED Dec 15, 1933 E. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1933
 22. I HEREBY CERTIFY That I attended deceased from Jan. 11, 1930 to Dec. 15, 1933
 I last saw him alive on Dec. 15, 1933. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration Jan 1930
with attacks of
Angina pectoris
Q. V. S.

Other contributory causes of importance: 940
 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?
 If so, specify _____
 (Signed) R. A. Webster
 (Address) Carthage, Mo.

