JAN 26 1934

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

Do not use this space.

40749

1. PLACE OF DEATH
County Miller
Township Saline
City ~~Etterville~~ (No. ..... St. ..... Ward)

Registration District No. 561
Primary Registration District No. 5755

File No. .....
Registered No. 68

2. FULL NAME Annie Glenn Harbison

(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: 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 John Mace Harbison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29. 1892

7. AGE: YEARS 41 | MONTHS 7 | DAYS 23 | 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) .....
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME John S Belshe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

MOTHER
15. MAIDEN NAME Annie Mariza Spalding
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) John M Harbison Etterville. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldon Cem Eldon Mo DATE Dec 24 1933

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon. Mo

20. FILED 12-23 1933 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1933, to 12/22, 1933
I last saw her alive on 12/22, 1933. Death is said to have occurred on the date stated above, at 4:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus & adnexa	?

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray 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) G. [illegible] Walker, M. D.
(Address) Eldon Mo.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS 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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