

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

Do not use this space.

1338

1. PLACE OF DEATH

County Jackson Registration District No. 888 File No. 315
 Township Jackson Primary Registration District No. 7068 Registered No. 315
 City Kansuwbity (No. Kansuwbity) Kansuwbity St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2934 Park St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) 11-28-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____hrs. or _____min.
47 1 22

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. _____
 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) Assau

13. NAME Edward Harmel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Lottie Seers

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

17. INFORMANT Rebecca Clerk
 (ADDRESS) 216 General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1-23-34

19. UNDERTAKER Thelma M. Miller
 (ADDRESS) 2020 Park St. No. 10

20. FILED Jan 24 1934 (M. No. 6306)
usor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1934 to 1-20-1934

I last saw her alive on 1-20-1934 Death is said to have occurred on the date stated above, appx 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset _____

Ain E

Other contributory causes of importance: NO

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) J. J. [Signature] M. D.

(Address) Dept Gen Hosp

FEB 1934

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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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