FEB 27 1934

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

Do not use this space.

2102

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1. PLACE OF DEATH
County Pemiscott — Registration District No. [illegible] — File No.
Township [illegible] — Primary Registration District No. [illegible] — Registered No.
City Swift (No. ..... St. ..... Ward)

2. FULL NAME Maggie Harris
(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: F M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Maried
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maried
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 51 — MONTHS 10 — DAYS — 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) Como Miss Panola Co

FATHER
13. NAME Jas Lathum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Como Miss

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) A. H. Harris
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19
19. UNDERTAKER (ADDRESS)
20. FILED 12-10, 1933 Opal Wells Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sep 1933, to Dec 15, 1933
I last saw her alive on Dec 15, 1933. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intergestin Chronic Form with Acute attacks	
117A	
119C	

Other contributory causes of importance: None

Name of operation housewife 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? No 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) W. H. Denton, M. D.
(Address) Wardell Mo

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2 Pemiscott

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON 2102

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

ear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

ame: Maggie Harris
o died at _____ on Jan. 4 - 1934
esidence: No. _____ St. _____
(If nonresident, city or town)

ngth of residence in city or wn where death occurred: Years _____ Months _____ Days _____
x _____ Color or race _____ Single, married, widowed or divorced: _____

te of birth MAR - 4 - 1882 Age: Years 51 Months 10 Days 0

cupation: (a) Trade, profession, or articular kind of work done, as spinner, awyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

e deceased last worked at this occupation: Month _____ Year 1926
thplace (State or country) _____
thplace of father (State or country) _____
thplace of mother (State or country) _____
ncipal cause of death: Indigestion Chronic form with acute attacks. gastric Ulcer.

er contributory causes of importance _____
e of operation _____ Date of _____
t test confirmed diagnosis? _____ Was there an autopsy? _____
death was due to external causes (violence) fill in also the following:
ident, suicide, or homicide? _____ Date of injury _____, 19____
re did injury occur? _____
(Specify city or town, county and State)

cify whether injury occurred in industry, in home, or in public place.

ner of injury _____
ure of injury _____
as disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar J. L. Creasy Date filed 10 9-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 1099

Primary Reg. Dist. No. 5868

E. T. McGaugh M. D.
Special Agent.

S-2102