MAR 24 1934

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

Do not use this space.

4653

1. PLACE OF DEATH

40 County Grundy — Registration District No. 2-8-2-5-2 — File No.

Township Jefferson — Primary Registration District No. 54 — Registered No. 42

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lena Pearl Harris

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

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: Femal
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: Homar Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10-1885

7. AGE: 49 YEARS — MONTHS: 1 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Trenton Mo

FATHER

13. NAME: George Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Mo

MOTHER

15. MAIDEN NAME: Laura Dockery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Homar Harris

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cherburn DATE: Feb 19, 1934

19. UNDERTAKER (ADDRESS): Bern C. Davis, Trenton & Jamesport

20. FILED: Mar 4, 1934 — Nell Wiles, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1934, to Feb 18, 1934

I last saw her alive on Feb 18, 1934. Death is said to have occurred on the date stated above, at 6 a m.

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

Mitral Insufficiency — Date of onset

92A

Other contributory causes of importance:

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) C. S. Harris, M. D.

(Address) Jamesport Mo

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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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Grundy — Registration District No. 328 — File No.
Township Jefferson — Primary Registration District No. 5461 — Registered No. 42
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lena Pearl Harris

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Homar Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10-1885

7. AGE — YEARS 49 — MONTHS 1 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Trenton Mo

FATHER
13. NAME George Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo

MOTHER
15. MAIDEN NAME Laura Dockery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Homar Harris

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelburn DATE Feb 19 1934

19. UNDERTAKER (ADDRESS) Bern C Davis Trenton & Jamesport

20. FILED 4-5 1935 Irene D Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

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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. D. Harm M. D.
(Address) Jamesport Mo

SUPPLEMENTARY

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