

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

Do not use this space.

**1. PLACE OF DEATH**

County Howard,  
Township \_\_\_\_\_  
City Wayette, (No. \_\_\_\_\_)

Registration District No. 378  
Primary Registration District No. 4222

File No. 32637  
Registered No. 67  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9 1850

| 7. AGE    | YEARS | MONTHS   | DAYS     | If LESS than 1 day, hrs. or min. |
|-----------|-------|----------|----------|----------------------------------|
| <u>84</u> |       | <u>I</u> | <u>4</u> |                                  |

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) Missouri

13. NAME Otho McCracken

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

15. MAIDEN NAME Saran L. Wilson,

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

17. INFORMANT Mrs George Smith.  
(ADDRESS) Wayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, DATE 9/15/1934 19.

19. UNDERTAKER Guy T. Halsey.  
(ADDRESS) Wayette, Mo.

20. FILED Oct. 6 1934 J. O. Bonham  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-13 1934, to 9-13 1934

I last saw her alive on 9-13 1934. Death is said to have occurred on the date stated above, at 2:00 m.

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

Cardiac asthma  
with decompensation 9-13-34

Other contributory causes of importance:  
Chronic pyelonephritis 11-33

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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? No

If so, specify \_\_\_\_\_  
(Signed) W. Bloom M. D.  
(Address) Wayette, 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.

WHILE PENDING WITH UNPAID INK—THIS IS A PERMANENT RECORD

45000

1 OCT 25 1934

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Date of onset

