

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

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.

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

Do not use this space.

NOV 16 1934

1. PLACE OF DEATH

County Butler  
Township  
City Poplar Bluff (No. ....)

Registration District No. 87  
Primary Registration District No. 3007

File No. 35335  
Registered No. 233  
St. .... Ward)

2. FULL NAME

Marie Ringsing Harding  
(a) Residence, No. Essex, Mo. R7D 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? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. C. Harding</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1889</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>4</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) Denmark

FATHER 13. NAME (unknown) Ringsing

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT J. C. Harding (ADDRESS) Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Essex Ceme. DATE Oct. 21, 1934

19. UNDERTAKER Blawie & Strickland (ADDRESS) Essex, Mo.

20. FILED 10-31, 1934 W. S. Bailey Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1934, to October 19, 1934. I last saw her alive on October 19, 1934. Death is said to have occurred on the date stated above, at 5:55 a. m.

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

122B / 12262  
Indistinct  
abstruction  
Date of onset 10/12/34

Other contributory causes of importance:  
abstruction from meckel's diverticulum

Name of operation Intestinal Resection Date of 10/18/34. What test confirmed diagnosis? Operation. 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) W. L. Brandon, M. D.  
(Address) Poplar Bluff, Mo.

