

WRITE 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.

SV 9

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

Do not use this space.

37164

1. PLACE OF DEATH

County St. Francois
Township
City (No. St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 141

2. FULL NAME

Unnamed Baby Boy Harrington

(a) Residence, No. 9 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3/4 hrs. or min. 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Francois Mo

13. NAME Edgar Harrington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo

15. MAIDEN NAME Rewa Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo

17. INFORMANT Edgar Harrington (ADDRESS) Harrington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 19 of P. Am. DATE 10/28 1934

19. UNDERTAKER Guided used to (ADDRESS) Harrington Mo

20. FILED Oct 28 1934 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1934 to Oct 28 1934

I last saw him alive on Oct 28 1934 Death is said

to have occurred on the date stated above, at 10:00 P.M.

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

Prematurity - 6 1/2 months
acute hydropneumonia of
mother

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) Geo. P. Watkins M. D.

(Address) Harrington, Mo

