

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

Do not use this space.

DEC 27 1934

1. PLACE OF DEATH

County North
Township Witchell
City Wentzville (No. _____)

Registration District No. 903
Primary Registration District No. 4545

File No. 41794
Registered No. _____
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 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emmet G. Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1895
7. AGE YEARS 39 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator
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) Nov. 1, 1934
11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo.

13. NAME William E. Coffey

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

15. MAIDEN NAME Mary Jane Doud

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

17. INFORMANT Anna Bales
(ADDRESS) Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Con.

PLACE Wentzville DATE Nov. 17, 1934

19. UNDERTAKER Arch. C. Dunfee
(ADDRESS) Wentzville, Mo.

20. FILED Dec 8, 1934 Fred Mull, M.D.
Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934 to Nov 15, 1934

I last saw her alive on Nov 15, 1934 Death is said

to have occurred on the date stated above, at 10:00 AM

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

Exhaustion Date of onset Nov 4, 1934

Other contributory causes of importance: Influenza Nov 1, 1934

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. 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) P. H. Keast M. D.

(Address) Wentzville, Mo.

