

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

Do not use this space.

JAN 14 1935

41846

1. PLACE OF DEATH

County Andrew Registration District No. 16
 Township Rochester Primary Registration District No. 5020
 City (No. 5 Mi. No. East of Savannah, Mo.) St. _____ Ward _____

File No. _____
 Registered No. 16

2. FULL NAME

Anna Harris

(a) Residence, No. Andrew Co. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
 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) spends in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co., Ind.

13. NAME Henry Addington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co., Ind.

15. MAIDEN NAME Sophia Bollinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co., Ind.

17. INFORMANT Carl B. Harris
 (ADDRESS) Savannah, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Memorial Park Cemetery Dec. 15, 1934
St. Joseph, Mo.

19. UNDERTAKER Walter Meyer
 (ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 2/13 1934 Wm. Botz's
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1934 .1934

22. I HEREBY CERTIFY, (That I attended) deceased from April 1, 1934 to Dec. 12, 1934

I last saw her alive on Dec 8, 1934 Death is said to have occurred on the date stated above, at 3.15 P. M.

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

Gangrene right leg due to embolism
Myocarditis degenerative
Arteriosclerosis

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 _____, 1934

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 Walter Meyer

(Signed) _____, M. D.
 (Address) Savannah, 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.

