

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.

JAN 9 1935

44221

1. PLACE OF DEATH

94 County Franklin Registration District No. 774
 6 Township Wanslick Primary Registration District No. 4465
 8 City Flat River (No. _____ St. _____ Ward _____)

2. FULL NAME

Myrtle May Harrington
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 <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>Harry Harrington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1892</u>		
7. AGE	YEARS	MONTHS
	<u>42</u>	<u>10</u>
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec 1934</u>		11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Mo.</u>		
13. NAME <u>William Drummonds</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Glasky Edna</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Harry Harrington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mitdell</u> DATE <u>Dec. 18 1934</u>		
19. UNDERTAKER (ADDRESS) <u>C. J. Boyer</u> <u>of Besage</u>		
20. FILED <u>12/18</u> 19 <u>34</u> <u>B. Pharr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934, to Dec 17 1934
 I last saw her alive on Dec 15 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Cerebrum
Chr. myocarditis
 Other contributory causes of importance _____
 Date of onset _____

Name of operation NONE Date of _____
 What test confirmed diagnosis? G.I. Series 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) C. H. Appleberry, M. D.
 (Address) Flat River, Mo.

