47

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.

FEB 7 1935

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

Do not use this space.

1. PLACE OF DEATH
County Iron — Registration District No. 393 — File No. 1099
Township Kaolin — Primary Registration District No. 5550 — Registered No. 2
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Emma Gene Harbison
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: Fem.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): ####
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: #####
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10. 1934
7. AGE: YEARS 0 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #####
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) Enough Mo.

FATHER
13. NAME J.J. Harbison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enough Mo.

MOTHER
15. MAIDEN NAME Ada Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

17. INFORMANT (ADDRESS) J. J. Harbison Enough Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Enough Mo. DATE Jan, 3, 35
19. UNDERTAKER (ADDRESS) White Ironton Mo.
20. FILED Jan 23 1935 L B Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH Jan I

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan I 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 1 1934
I last saw her alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 8.15 P.M.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum — Date of onset

11 a

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) E L Barnhouse, M. D.
(Address) Ironton Mo