

APR 1 1935

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

Do not use this space.

8024

1. PLACE OF DEATH

County Barton
Township Lamar
City Lamar (No.)

Registration District No. 40
Primary Registration District No. 4024

File No.
Registered No. 9 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 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ellen Harrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ex. Sheriff

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) Lima Ohio13. NAME A. S. Harrington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.15. MAIDEN NAME Eliza Mason16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary17. INFORMANT (ADDRESS) Josephine Harrington Lamar, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lake City DATE Mar 25 193519. UNDERTAKER (ADDRESS) C. F. Kowantz Lamar, Mo.20. FILED Feb-25-1935 A. J. Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 193522. I HEREBY CERTIFY, That I attended deceased from Dec 7 1935 to Mar 23 1935I last saw him alive on Mar 18 1935 Death is saidto have occurred on the date stated above, at 11:00 a.m.

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

Myocarditis and
Bacterio-colitis

Date of onset

5 MarchOther contributory causes of importance InfluenzaName 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 C. E. Duckett(Signed) C. E. Duckett, M. D.(Address) Lamar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

