

JUL 2 2 1935

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

Do not use this space.

19210

1. PLACE OF DEATH

County Christian
Township Jesse Mo.
City Jesse Mo. (No. St. Ward)

Registration District No. 183
Primary Registration District No. 4109

File No.
Registered No. 5

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 <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 or (OR) WIFE OF <u>John Harris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct "1" 1868</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>8</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Keeper</u>			
	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) <u>Mo.</u>				
MOTHER	13. NAME <u>Mon. Bonnett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	15. MAIDEN NAME <u>Miss Sanders</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>John Harris</u> (ADDRESS) <u>Jesse Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rayne cemetery</u> DATE <u>June 7, 1935</u>				
19. UNDERTAKER <u>Tom Chaffin</u> (ADDRESS) <u>Osborne Mo.</u>				
20. FILED <u>July 19, 1935</u> <u>Ida D. Hawkins</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1935

22. I HEREBY CERTIFY That I attended deceased from May 21, 1935, to June 7, 1935
I last saw him alive on June 2, 1935 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach that began Date of onset 2 years

Other contributory causes of importance:
lung to say at Dept. of Health
John D. Gail 1935

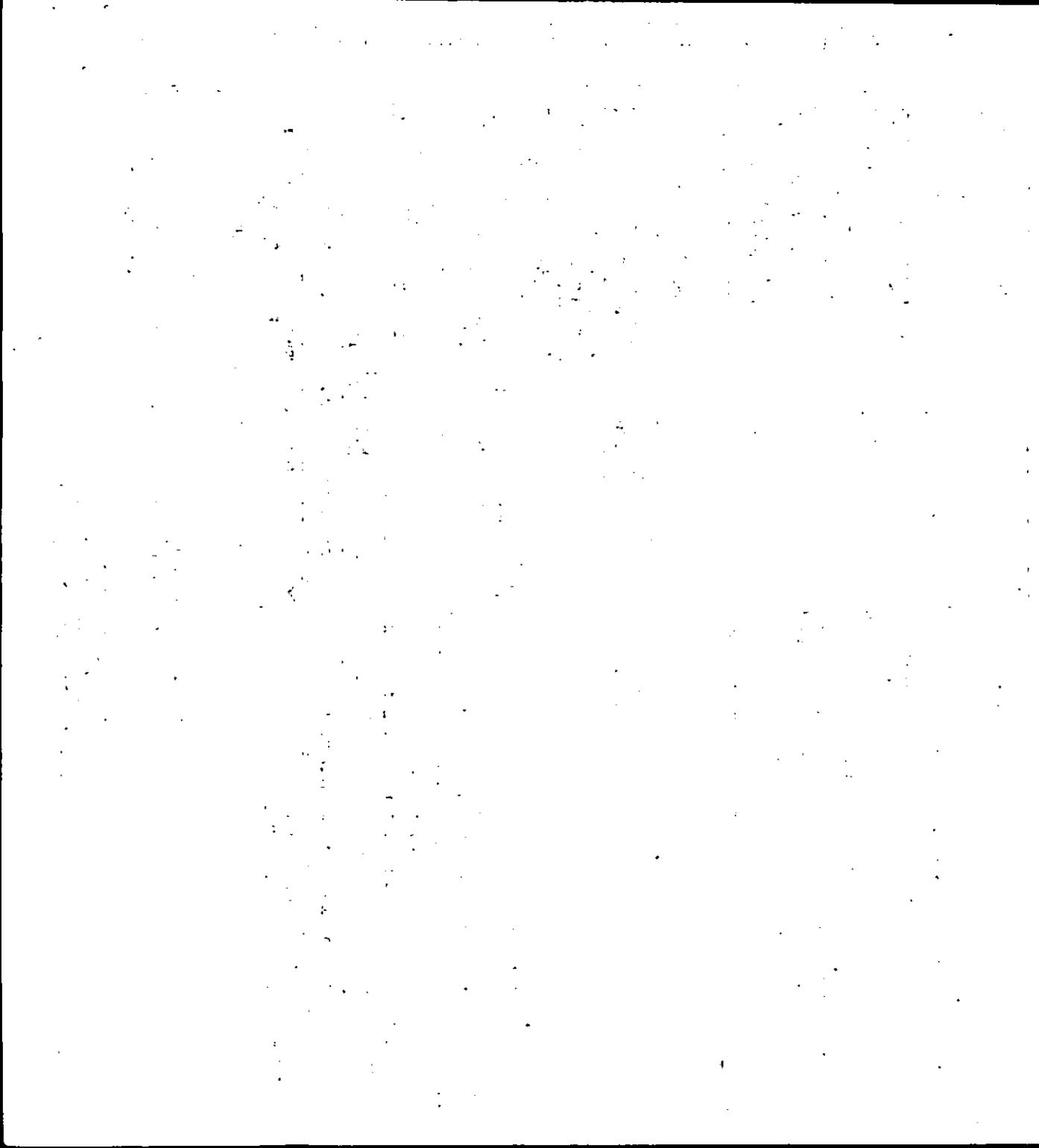
Name of operation Lobectomy Date of 1935
What test confirmed diagnosis? Lobectomy Was there an autopsy? No.

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 N.B. Kessell, M. D.
(Signed) N.B. Kessell
(Address) Jesse 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.



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

ALL INFORMATION CONTAINED
HEREIN MUST BE WRITTEN ON
THIS SUBSTITUTED FORM.

1. PLACE OF DEATH

County Christian
Township
City Nixa Mo (No.)

Registration District No. 183
Primary Registration District No. 4109

File No.
Registered No. 5
St. Ward)

2. FULL NAME

Pauline Harris

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 8 2

First seen alive on 19..... Death is said to have occurred on the date stated above, at m.

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

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

Date of onset
1860
Other contributory causes of importance:
Injury to right thigh from fall

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED July 19, 1935 Eda B. Hawkins Registrar.

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? Accident Date of injury May 21, 1935

Where did injury occur? In her own home Nixa Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Christian Co. She was on

Manner of injury a small pot working

Nature of injury at a stove she fell

24. Was disease or injury in any way related to occupation of deceased? If so, specify she suffered from

(Signed) W. B. Nasson M. D.

(Address) Nixa Mo.

Exact statement of OCCUPATION is very important.

1925

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