SEP 18 1935

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

Do not use this space.

25655

File No.

Registered No. 872

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City: St. Joseph, Mo. (No. 203 Massachusetts St. Ward)

2. FULL NAME William Ellis Harrington

(a) Residence, No. 203 Massachusetts 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14, 1877.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

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 COUNTY): Taylorville, Ill.

FATHER

13. NAME: Charles W. Harrington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Pike Co. Ill.

MOTHER

15. MAIDEN NAME: Anna M. Hoss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown Ohio.

17. INFORMANT (ADDRESS): Alvak Peters St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memo. Park DATE: Aug. 21, 1935

19. UNDERTAKER (ADDRESS): FLEEMAN MORTUARY, INC.

20. FILED: AUG 21 1935 19 John D. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935, to August 19, 1935. I last saw him alive on August 18, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/30/35

Other contributory causes of importance:
Hypertensive arteriosclerotic cardio-renal disease

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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. A. Grant, M. D.
(Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.