

SEP 24 1935

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

Do not use this space.

27222

File No. 23
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Genessee Registration District No. 114
Township Godair Primary Registration District No. 517
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Bettie Harris
(a) Residence, No. Potayville Mo. 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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856

7. AGE YEARS 79 MONTHS - DAYS - IF LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 57

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

13. NAME D.K.

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

15. MAIDEN NAME DK

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

17. INFORMANT Rance Harris (ADDRESS) Potayville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potayville City DATE 8-29 1935

19. UNDERTAKER Friends (ADDRESS) _____

20. FILED Aug 31 1935 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27 1935

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Senility, Valvular Heart Lesion Date of onset _____

Other contributory causes of importance:
Age

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? _____ 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) JWR Rhoads Corner, M. D.
(Address) Hayti 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.

