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

JAN 15 1936

Do not use this space.

38591

1. PLACE OF DEATH

County Buchanan, Registration District No. 80 File No.

Township Tremont, Primary Registration District No. 5120 Registered No.

City (No. 2 1/2 M. S.E. of Easton, Mo. St. Ward)

2. FULL NAME William Stephen Harrington,

(a) Residence, No. 2 ½ M.S.E. Easton, 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 20 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*): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1866

7. AGE: Years 69 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) December 1935, 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan County, Kansas,

FATHER

13. NAME James P. Harrington,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri,

MOTHER

15. MAIDEN NAME Mary J. O'Donoghue,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

17. INFORMANT Mrs. Wm. S. Harrington
(ADDRESS) R.F.D. # 1, Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph's Cem DATE Dec, 23rd, 1935

19. UNDERTAKER Hesler-Bergen-Bowman Funeral Home
(ADDRESS) St. Joseph, Mo.

20. FILED Dec. 22, 1935 Mrs. Lucy Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1934, to 12-19, 1935

I last saw him alive on 12-19, 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Mitral Stenosis	
Other contributory causes of importance	
Arteio Sclerosis	

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? No

If so, specify

(Signed) Galen F. Kimball, M. D.

(Address) Easton 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.