

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

Do not use this space.

150

1. PLACE OF DEATH **FEB 17 1936**  
 County Benton Registration District No. 59  
 Township Williams Primary Registration District No. 5094  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Mrs Lena Harms  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claus Harms  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1856  
 7. AGE 79 YEARS 9 MONTHS 18 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Benton Co  
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Henry Meisner

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

MOTHER 15. MAIDEN NAME Oelphus

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

17. INFORMANT Theodore Harms  
 (ADDRESS) Cole Camp Mo R F D

18. BURIAL, CREMATION, OR REMOVAL PLACE Braurville Cem. DATE 1-10-1936

19. UNDERTAKER E. G. Eickhoff  
 (ADDRESS) Cole Camp Mo

20. FILED 1-8-36 Sue Selover  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1936 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup>, 1936, to Jan 6, 1936  
 (I last saw her alive on Jan 6<sup>th</sup>, 1936 Death is said to have occurred on the date stated above, at 5:45 PM m.

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

Apoplexy  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset \_\_\_\_\_

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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) Harry Bay, M. D.  
 (Address) Cole Camp 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.

