

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

Do not use this space.

FEB 20 1936

2451

1. PLACE OF DEATH

County Pettis
 Township.....
 City Sedalia (No.)

Registration District No. 668
 Primary Registration District No. 3032
Bothwell Hospital

File No. 28
 Registered No. 668
 St. Ward)

2. FULL NAME

Mrs. Clara Francke Harms

(a) Residence, No. Cole Camp No R F D 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

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

I HEREBY CERTIFY That I attended deceased from Jan 23, 1936, to Jan 24, 1936. I last saw her alive on Jan 24, 1936. Death is said to have occurred on the date stated above, at 11.0 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-1886

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 1 29

Shock following operation for uterine fibroid Date of onset 1-24-36

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

Other contributory causes of importance: 5416

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

13. NAME Henry Francke

Name of operation hysterectomy Date of 1-24-36
 What test confirmed diagnosis? none Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo

15. MAIDEN NAME Harriett Boone

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Fork Missouri

17. INFORMANT Mrs Henry Francke (ADDRESS) Cole Camp Mo R F D

18. BURIAL, CREMATION, OR REMOVAL PLACE Cheese Creek DATE 1-26-36, 19.....

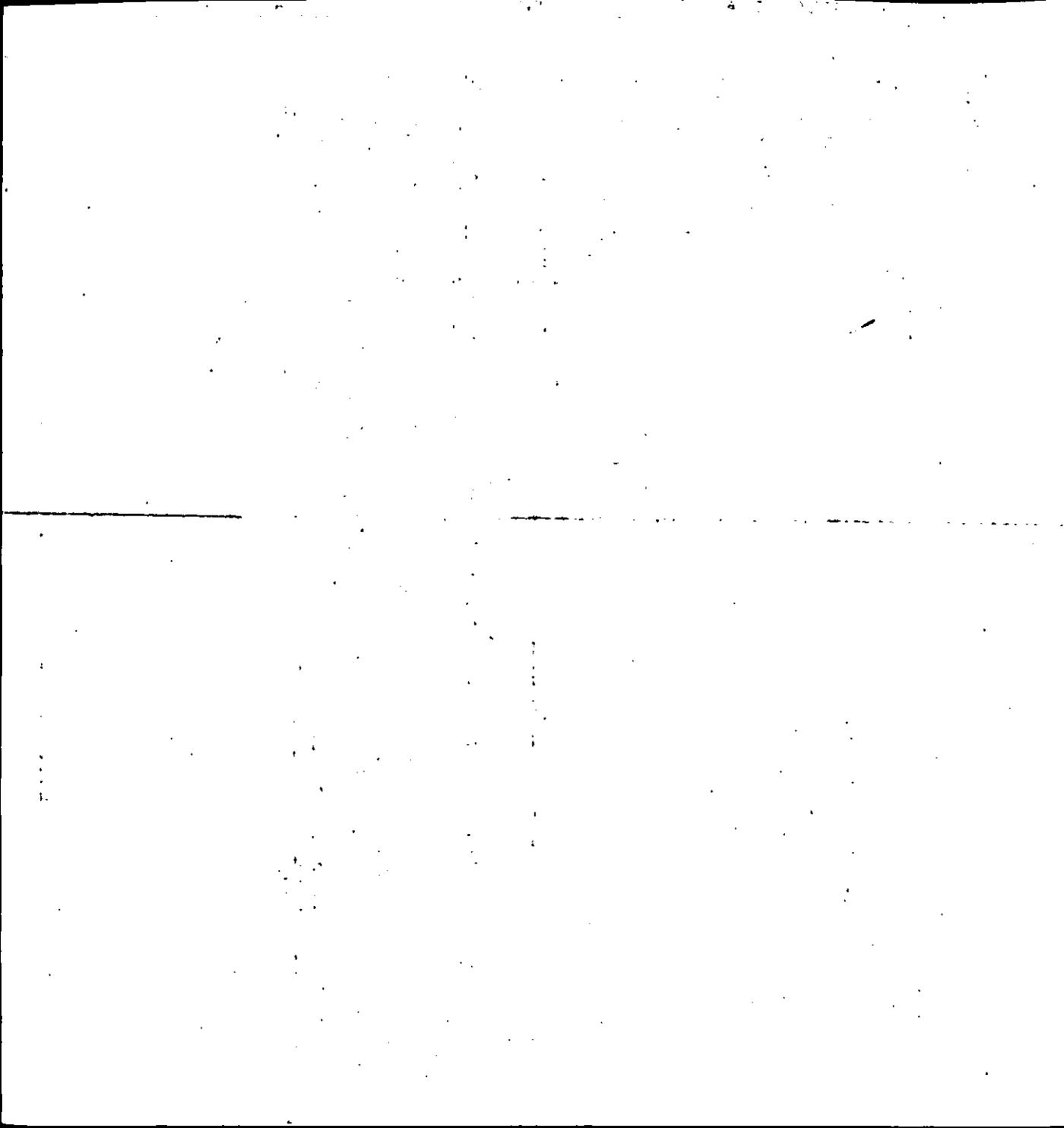
Manner of injury
 Nature of injury

19. UNDERTAKER E L Eickhoif (ADDRESS) Cole Camp Mo

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) M. P. Sly, M. D.
 (Address) Sedalia, Mo

20. FILED 1-28, 1936 Jean Slack Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. _____, St. _____, Ward _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. _____

2. FULL NAME

Mrs Clara Francka 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 29

OCCUPATION
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

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

FATHER 13. NAME

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

MOTHER 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 Jan 25, 1936 Jeann Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

22. I HEREBY CERTIFY, that I attended deceased from _____, 19__, to _____, 19__

I last saw him/her above _____, 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:

Shock following operation for uterine fibroid Date of onset _____

Other contributory causes of importance:
No malignancy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) M. P. Shy, M. D.
_____ (Address) Sedalia Mo

SUPPLEMENTAL

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