

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.

AUG 27 1933

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

M. F. Dean
Do not use this space.
Not written
20266-6

1. PLACE OF DEATH

County Pemiscot Registration District No. 656
Township 11 Primary Registration District No. 5873
City Steel (No. _____) St. _____ Ward _____

2. FULL NAME

Ella Harrington
(a) Residence, No. Steel 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-23-1869

7. AGE YEARS 67 MONTHS 1 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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) Nashville Tenn

13. NAME Andrew Fentress

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

15. MAIDEN NAME Drucella Harrington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT Pearl Harrington (ADDRESS) Steel, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE North Lohr DATE 6-30-33

19. UNDERTAKER German York (ADDRESS) Steel, Mo

20. FILED 7-18 134 Tom Bruggess Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-36

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1936, to 5-29, 1936

I last saw h. u alive on 5-29, 1936 Death is said to have occurred on the date stated above, at U.S.A.

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

Uremic Poison with total suppression of urines

Date of onset

Other contributory causes of importance:

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 _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

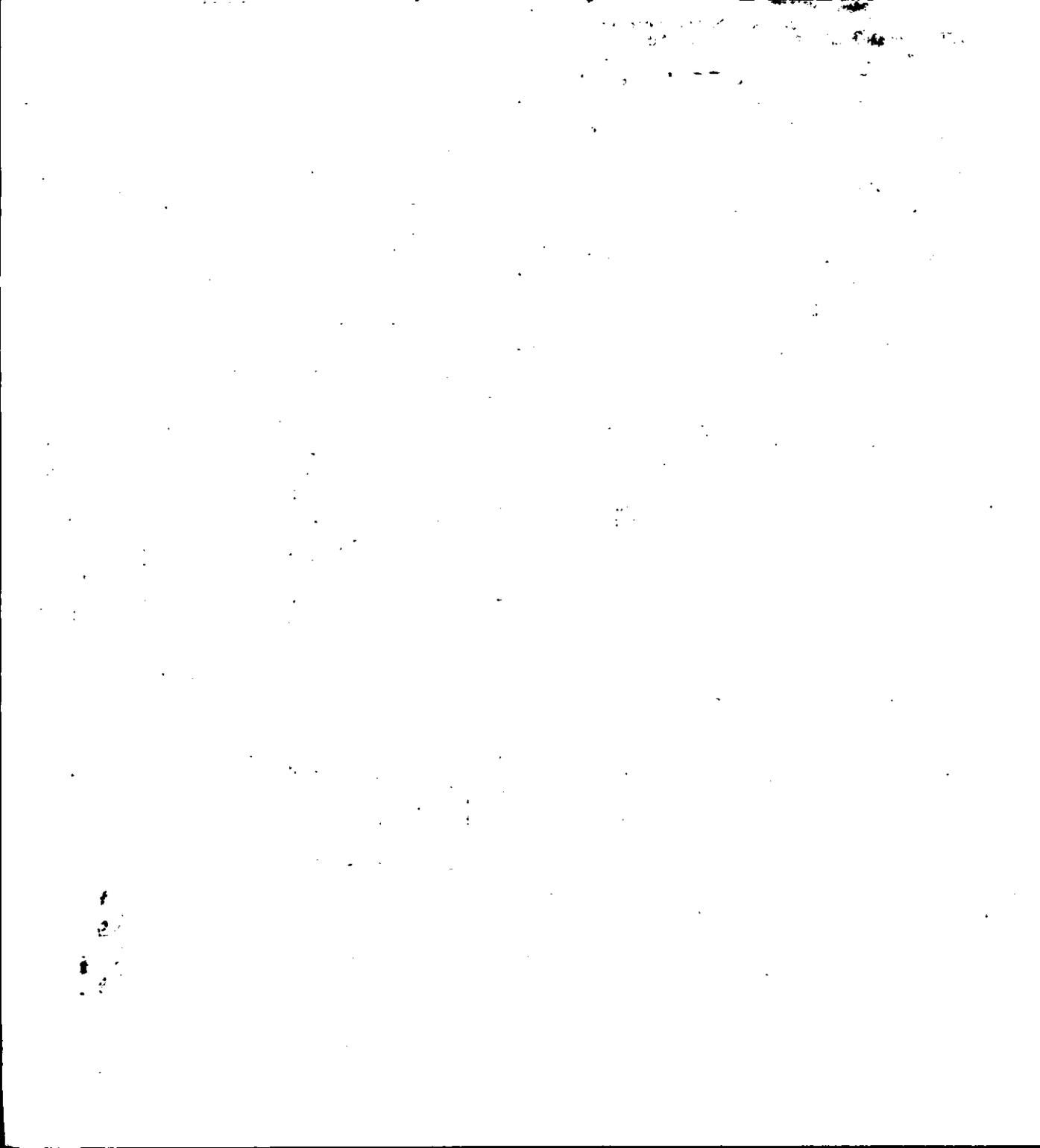
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) D. C. McLean, M. D.

(Address) Wesland Mo



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