

AUG 17 1936

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

Do not use this space.

25777

1. PLACE OF DEATH Home
 County Cape County Registration District No. 125
 Township Center Ridge Primary Registration District No. 3009
 City Cape Girardeau (No. 1) C.M. Hospital File No. _____
 Registered No. 227 Ward _____

2. FULL NAME Harrington, Baby Martine
 (a) Residence, No. Berie - mo St. _____ Ward. Berie mo
 (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 CE: S.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 - 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 yr. 8 mo 9 days
 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. Farming
 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) Center Ridge Ark.
 13. NAME Center Ridge - Ark.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irwin Harrington
 15. MAIDEN NAME Ella Bryant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Ridge Ark.
 17. INFORMANT Mrs. Harrington - mother (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL from Cape County
 PLACE Berie - mo DATE 7-12-36
 19. UNDERTAKER Irwin Harrington (ADDRESS) Berie, mo
 20. FILED 7-12-36 J.M. Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1936
 22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to July 12, 1936.
 I last saw her alive on 7-12, 1936 Death is said to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:
Iles. Colitis
1936
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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) J.H. Cochran, M. D.
Cape Girardeau, mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

