

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.

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

Do not use this space.

OCT 5 1936
1. PLACE OF DEATH

791
1003

File No. 35944
Registered No. 9567
St. _____ Ward _____

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City Saint Louis (No. 5050a Winona Ave., _____ St. _____ Ward _____)

2. FULL NAME Margaret Harlow
(a) Residence, No. _____ St. 14 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George O. Harlow				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1872				
7. AGE 63	YEARS -	MONTHS 11	DAYS 20	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home			
	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) Missouri				
FATHER	13. NAME Charles Lankford			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.			
MOTHER	15. MAIDEN NAME Amy Harris			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois			
17. INFORMANT Mrs. Wm. Lankford (ADDRESS) 6228 Derby Ave.,				
18. BURIAL, CREMATION, OR REMOVAL PLACE Frederickstown, MO. DATE 9/19/36				
19. UNDERTAKER Robert J. Ambruster (ADDRESS) Clayton Rd. at Concordia Lane,				
20. FILED SEP 19 1936 J. F. Brebeck Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1936, to 9/14, 1936. I last saw her alive on 9/14, 1936. Death is said to have occurred on the date stated above, at 2:15 A.M. The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic	Date of onset 1934
Hypertension	
Asthma	

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) E. Chopin, M. D.
(Address) 8321 N. Broadway

