

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

-Dr. Rhodes,
Do not use this space.

JAN 28 1937

43690

1. PLACE OF DEATH

County Ass. de p. in Registration District No. 26
 Township Salt River Primary Registration District No. 3034
 City Maplewood, Mo., R. 2 No. St. _____ Ward)

File No. _____
 Registered No. 193

2. FULL NAME Mr. Clara Miller Harris

(a) Residence, No. Route 2 - North Wade St., 2nd Ward.

(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 Widow of Clayton Harris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 0 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home wife
 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 - 1936
 22. I HEREBY CERTIFY That I attended deceased from Dec 7, 1936, to Dec 8, 1936.
 I last saw h. or alive on Dec 7, 1936. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:
Right Side Hemiplegia Date of onset Dec 6 - 1936
from Cerebral Embolism

Other contributory causes of importance:
General Atherosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 T
 Nature of injury T

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) M. R. Rhodes, M. D.
 (Address) Maplewood, Mo.

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Iowa
 13. NAME August Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Rosa Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT W. M. Miller
 (ADDRESS) Maplewood, Mo., R. 2, # 2
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maplewood, Mo. DATE 12-10-1936
 19. UNDERTAKER M. R. Rhodes, M. D.
 (ADDRESS) Maplewood, Mo.
 20. FILED 12-10-1936 Blanche Kelly
 Registrar

