

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.

FEB 16 1937

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

Do not use this space.
473

1. PLACE OF DEATH

County: Registration District No. 125
Township: Primary Registration District No. 3009
City: Cape Girardeau, Mo. Southeast Mo. Hospital St. (Ward) Registered No. 30

2. FULL NAME Mrs. Amanda Harris

(a) Residence, No. Cape Girardeau, Mo., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Guy B. Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd 1864
7. AGE YEARS 72 MONTHS 8 DAY 27 If LESS than 1 day, hrs. or min.

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. Housewife
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) Near Daisy, Mo.

MOTHER FATHER
13. NAME Henry Cufes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy, Mo.

15. MAIDEN NAME Elizabeth Masters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy, Mo.

17. INFORMANT My Zach Harris.
(ADDRESS) Millville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedgwick Cem. DATE Jan 20, 1937

19. UNDERTAKER Haman Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED 1-29-37 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on 1-29-1937 Death is said

to have occurred on the date stated above, at 3:50 a.m.

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

Date of onset 1/27/37

Other contributory causes of importance:
Refluxed Stomach

Name of operation: Operation Date of 1/27/37

What test confirmed diagnosis? Test report as there an autopsy?

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?
If so, specify _____

(Signed) J. S. Searcy, M. D.

(Address) Cape Girardeau, Mo.

