

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 17 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Harrison Registration District No. 334
 Township _____ Primary Registration District No. 4197
 City Bethany (No. _____) St. _____ Ward _____

2. FULL NAME Clara Belle Harris
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

File No. 1037
 Registered No. 1

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 Marion Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

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 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plain City Ohio

FATHER 13. NAME Mrs. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Nancy Bradford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Alice King (ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Monson Cemetery DATE Jan 16, 1937

19. UNDERTAKER Joe E. Wheeler (ADDRESS) Bethany Mo

20. FILED 1-16 1937 A. R. Wursing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936 to Jan 14, 1937
 I last saw her alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 3 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Fracture of right femur
 Other contributory causes of importance:
1937

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 Accident Date of injury 12-24-1936
 Where did injury occur Bethany Bethany Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home Bethany Mo
 Manner of injury fall
 Nature of injury Fracture of right femur

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

