FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

73 County Newton — Registration District No. 614 — File No. 27 2430

Township Neosho — Primary Registration District No. 5811 — Registered No. 4

City Stark City (No. ..., 2 ... St. ... Ward)

2. FULL NAME Amanda Brower Harris

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

Length of residence in city or town where death occurred 11 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 Edward H. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1860

7. AGE — YEARS 76 — MONTHS 2 — DAYS 15 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23 2

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 2 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Samuel Brower

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

MOTHER

15. MAIDEN NAME Mary Brumbaugh

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

17. INFORMANT (ADDRESS) Edward H. Harris Stark City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE Dee Cemetery DATE Jan 24, 1937

19. UNDERTAKER (ADDRESS) Erling M. Dunigy Neosho Mo.

20. FILED Jan 25, 1937 M F Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1936, to Jan. 24, 1937

I last saw her alive on Aug 15, 1937. Death is said to have occurred on the date stated above, at 1.9 m.

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

Aortic Regurgitation — Date of onset: Aorit Knew

Other contributory causes of importance:

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? ... 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. R. Edmondson M. D.

(Address) Stella 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.