MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 4989
Township Columbia — Primary Registration District No. 3006 — Registered No. 47
City Columbia (No. University Hospital 1 St. Ward)

2. FULL NAME Ilah Harvey
(a) Residence, No. 417 N. 3rd St., Ward. 1
(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

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF William Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1883

7. AGE: 53 YEARS, 4 MONTHS, 11 DAYS. If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsdale, Mo.

FATHER
13. NAME Scott Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Mo.

MOTHER
15. MAIDEN NAME Viney Cochran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) William Harvey Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 2-14-1937

19. UNDERTAKER (ADDRESS) Stuart P. Parker Columbia Missouri

20. FILED 2/15/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 10, 1937, to Feby 11, 1937
I last saw her alive on Feby 11, 1937. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease - Mitral Valve stenosis & insufficiency - Broken Compensation

Date of onset

Other contributory causes of importance: None

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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Columbia

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

100M-3-28-15