

MAR 20 1937

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

Do not use this space.

6832

## 1. PLACE OF DEATH

County JasperRegistration District No. 411Township JoplinPrimary Registration District No. 2002City Joplin (No. 27th + 2nd gates)File No. 6832Registered No. 68322. FULL NAME Mrs. Mary Ann Harston (Harston)(a) Residence, No. 27 + 2nd gates St., Joplin 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFRobert H. Harston6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-18587. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 4 218. 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) Michigan13. NAME Truel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna15. MAIDEN NAME May K. McDermott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan17. INFORMANT Mrs. G. P. Sellers (ADDRESS) Joplin18. BURIAL CREMATION OR REMOVAL PLACE St. Rose DATE 2/25/37 193719. UNDERTAKER THE BIRTH-STEVENSON MORTUARY INC. (ADDRESS) Joplin, Mo.20. FILED 2-25/37 By G. P. Sellers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-22-193722. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1937, to Feb. 27, 1937I last saw him alive on Feb. 22, 1937 Death is saidto have occurred on the date stated above, at 9:32 P.M.

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

Cerebral arteriosclerosis with aneurysms Date of onset 5 daysOther contributory causes of importance: AMName of operation Cholecystectomy Date of Feb. 22, 1937What test confirmed diagnosis? Cholecystectomy Was there infection? 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) Robert L. Neff, M. D.(Address) Joplin, Mo.

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.

