APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Greene
Registration District No. 318
Township
Primary Registration District No. 2001
City Springfield (No. 836 N. Robberson St. Ward)

File No. 11953
Registered No. 0257

2. FULL NAME Marietta Jenison Harcum
(a) Residence, No. 836 N. Robberson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis W. Harcum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
5 ✓	80	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother
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) Cold Water Mich

FATHER
13. NAME Francis M. Tompkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica N.Y.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Glen Harcum Los Angeles, Calif

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE March 27, 1937

19. UNDERTAKER (ADDRESS) F. C. Vincent Springfield, Mo.

20. FILED Mar 25, 1937 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1937, to Mar. 24, 1937
I last saw her alive on Mar. 24, 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:

	Date of onset
Senility	1 year
57	

Other contributory causes of importance:
Osteo Archritis
Osteo arthritis

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) C. E. Feller, M. D.
(Address) Springfield 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.

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