

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

Do not use this space.

MAY 18 1937

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3009
City Cape Girardeau (No.) St. Ward)

15928

File No.

Registered No. 120

2. FULL NAME

Georgia Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice E Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 1896

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
23 41 1 27

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) Cape Girardeau Co. (STATE OR COUNTRY) Missouri

FATHER
13. NAME Joel W. Kirkson

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau County (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah R. Woodricker

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) M. E. Harris, Rt. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Cemetery, Adel, Mo.

19. UNDERTAKER (ADDRESS) Jackson, Mo.

20. FILED 4-28-1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1937 to 4-3-1937

I last saw her alive on 4-3-1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Brain Abscess -
Basilar spinal meningitis - 89B
Other contributory causes of importance:
The above probably secondary to chronic malnutrition on right
Date of onset
Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Alfred Webster M. D.
Jackson, Mo. (Address)

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.

