

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Meru
Township Ravanna
City (No. _____) (No. _____) St. _____ Ward _____

Registration District No. 556
Primary Registration District No. 5751

File No. 16980
Registered No. 31

2. FULL NAME Naomi Dorothy Harrington

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14-1868</u>		
7. AGE <u>69</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>MO</u>		
FATHER	13. NAME <u>Isaac Spear</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
MOTHER	15. MAIDEN NAME <u>Watts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Isa Harrington</u> (ADDRESS) <u>Princeton MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Princeton Cem</u> DATE <u>April 26 37</u>		
19. UNDERTAKER <u>Paul Mew</u> (ADDRESS) <u>Princeton MO</u>		
20. FILED <u>April 25 1937</u> <u>Jm Perry</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 April 24 1937
I last saw him alive on April 23 1937 Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:
Cancer of the uterus Date of onset 2 yrs. steady

Other contributory causes of importance: 48

Name of operation none Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? 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 2
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D. B. J. Ayell Osteopath
(Address) Princeton, MO 4/25-37

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.

