

JUN 25 1937

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

Do not use this space.

21002

1. PLACE OF DEATH

County Philps Registration District No. 680
Township Springfield Primary Registration District No. 09082
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Stell Bow - Elsie William Harris
(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Edgemoor Springs Mo
(STATE OR COUNTRY)

13. NAME Robert H. Harris

14. BIRTHPLACE (CITY OR TOWN) Edgemoor Springs Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Lizzie Schmuck

16. BIRTHPLACE (CITY OR TOWN) Edgemoor Mo
(STATE OR COUNTRY)

17. INFORMANT R. H. Starr
(ADDRESS) Edgemoor Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Hill DATE May 27 1937

19. UNDERTAKER Neighbors
(ADDRESS)

20. FILED June 11, 1937 alpha Capps
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Stell Bow

Other contributory causes of importance:

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) L. G. Randall, M. D.
(Address) Lebanon 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.

