

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ch-3.8.5.2

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

Do not use this space.

AUG 11 1937

25337

1. PLACE OF DEATH

County Jackson
Township New
City No. Mo. (No. of city or town)

Registration District No. 399
Primary Registration District No. 2002

File No. 25337
Registered No. 25337
St. Ward

2. FULL NAME

(a) Residence, No. 2219 Poplar - 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Robert Harris

22. I HEREBY CERTIFY That I attended deceased from July 12, 1937, to July 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14-1898

I last saw h. alive on July 12, 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

7. AGE YEARS 58 MONTHS 9 DAYS If LESS than day, hrs. or min.

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

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Liver Insufficiency

13. NAME Henry DeWalt

Other contributory causes of importance:
Gall Stones - Massive adhesions
Pyloric Stenosis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Name of operation Cholecystectomy Gastrojejunostomy
What test confirmed diagnosis? Oper. etc. Was there an autopsy? yes

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT C. E. Coughlin (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE City of St. Louis DATE July 19, 1937

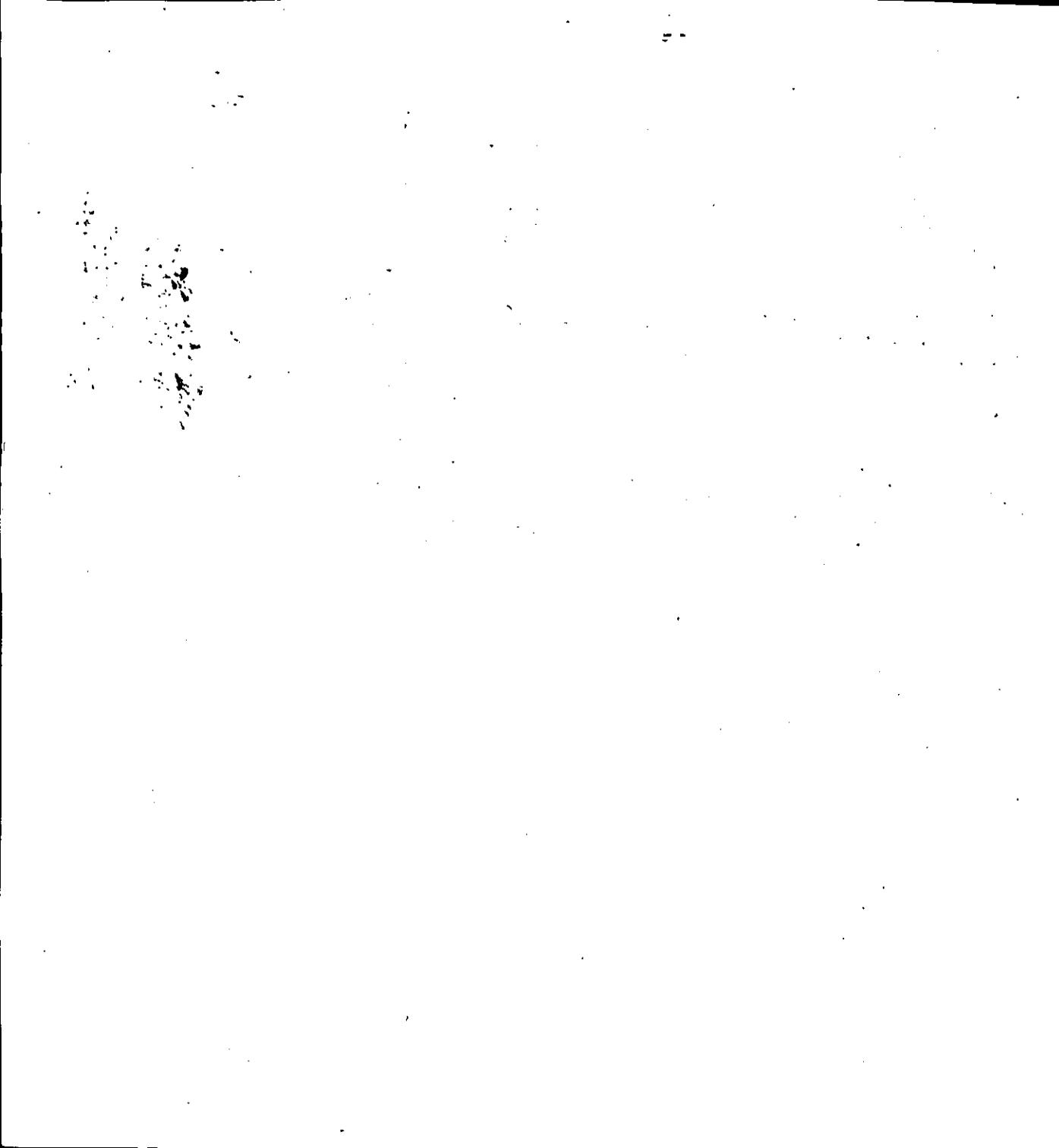
Manner of injury Nature of injury

19. UNDERTAKER J. J. DeWalt (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

20. FILED July 18, 1937 M. M. Brown Registrar.

(Signed) George J. Conley, M. D.
(Address) 2200 1/2 W. 1st Ave. St. Louis, Mo.



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

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 26337
Township K.C. mo Primary Registration District No. 1002 Registered No. 3010
City K.C. mo (No. _____) St. _____ Ward _____

2. FULL NAME Nellie L. 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 7 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 7 3

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) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 7/18 37 Dr. J. J. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1937

22. I HEREBY CERTIFY, that I attended deceased from _____, to _____, 19____
I last saw him _____ 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:

Date of onset _____

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) George J. Conley, M. D.
(Address) 9909 Flora ave K.C. mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-26337