

**OCT 20 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34301

1. PLACE OF DEATH

County Grundy

Registration District No. 328

File No. 34301

Township Trenton

Primary Registration District No. 30.17

Registered No. _____

City Trenton (No. _____)

St. _____ Ward _____

2. FULL NAME

Mrs Lucinda Harris

(a) Residence, No. South Main St. _____ Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2nd 1937

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

22. I HEREBY CERTIFY that I attended deceased from Aug. 26th 1937 to Sept. 2nd 1937

I last saw her alive on Sept. 2nd 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 1861

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

7. AGE YEARS 75 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

Bronchopneumonia Date of onset Aug 30th 1937

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) Aug 25 - 37

11. Total time (years) spent in this occupation 6 1/2

Other contributory causes of importance: Emphysema of Gall-Bladder Sept. 22 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Mo

13. NAME Leonard Wheaton

Name of operation Drainage of Gall-Bladder Date of Sept. 3rd 1937

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

What test confirmed diagnosis Clinical Was there an autopsy? No.

15. MAIDEN NAME Adeline Boone

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs Grover Kemp (ADDRESS) Los Angeles Cal.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Creek DATE Sept 5 1937

Manner of injury _____ Nature of injury _____

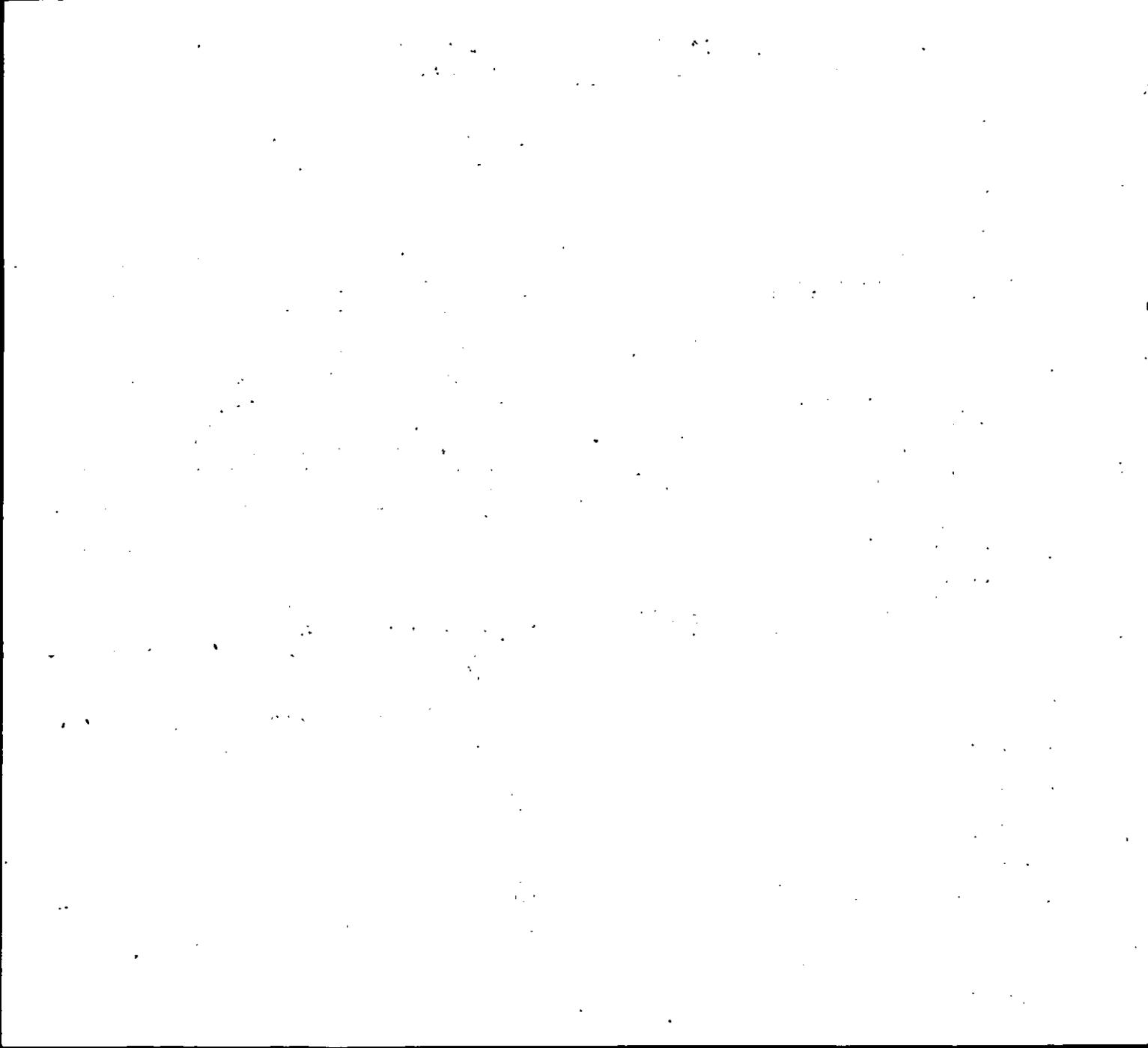
19. UNDERTAKER Hamley Funeral Home (ADDRESS) Trenton, Missouri

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____ (Signed) Oleiver F. Duffly, M. D.

20. FILED 9-2 1937 Irene Jaw Registrar.

(Address) Trenton, 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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34301

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 328
(b) Township Trenton Primary Registration District No. 3017 Registered No. _____
(c) City Trenton (d) Street No. Wright Memorial Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Lucinda Harris

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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.
78 11 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 5-18-38 Jane B Fair
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 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:

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) Oliver J Duffey, M. D.

(Address) Trenton Mo

12
10
9
8
7
6
5
4
3
2
1

THE UNIVERSITY OF CHICAGO