

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

Do not use this space.

NOV 19 1937

**1. PLACE OF DEATH**

County Boonville Mo.  
Township Boonville  
City (No. ....) (No. ....)

Registration District No. 497  
Primary Registration District No. 4300  
5661A

File No. 38116  
Registered No. 19  
St. .... Ward

**2. FULL NAME** Erna Beemata Harris

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1907 Apr 13

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>30</u>	<u>6</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

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) 1912

11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.

13. NAME Louise Harris

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

15. MAIDEN NAME Clemy McHamids

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

17. INFORMANT R. E. Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Mo. DATE Nov 1 1937

19. UNDERTAKER L. W. ...

20. FILED Oct 31 1937 Mrs. Ella Wilhain Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to Oct 30, 1937

I last saw him alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 7 P.m.

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

Chronic myocarditis & myocardial degeneration

Date of onset 1936

Other contributory causes of importance: Long Latency Steuria of Laxley & Brillante of Munday Pharmacy

1920

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? No

If so, specify. .... (Signed) J. R. McArdor, M. D.

(Address) Boonville Mo.

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