JAN 15 1936

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

Do not use this space.

44584

1. PLACE OF DEATH
County Audrain
Township Saling
City (No. St. Ward)
Registration District No. 79
Primary Registration District No. 5036
File No. 24
Registered No.

2. FULL NAME Alice Permelia Harshbarger
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF W. J. Harshbarger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15th 1855
7. AGE YEARS 82 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Boone Co., Mo.

FATHER
13. NAME John Doling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

MOTHER
15. MAIDEN NAME Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

17. INFORMANT H. W. Harshbarger (ADDRESS) Centralia Mo
18. BURIAL, CREMATION, OR REMOVAL Centralia Mo Cem DATE 12-17 1937
19. UNDERTAKER (ADDRESS) Centralia Mo. D. J. McDonald
20. FILED 12/17 1937 M. G. Spelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937, to Dec. 16 1937
I last saw her alive on Dec. 14 1937. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance: 1860

Fracture L. hip

Name of operation none Date of
What test confirmed diagnosis? Phys. Exam 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 Dec. 2, 1937
Where did injury occur? Auxtown Co., Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Own home
Manner of injury Fell while crossing room
Nature of injury Fracture L. hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Centralia 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.