

JAN 24 1938

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

Do not use this space.

46410

File No. _____
Registered No. 18

1. PLACE OF DEATH
 84 County Polk Registration District No. 705
 Township Benton Primary Registration District No. 5934
 City Waldron Mo (No. _____) St. _____ Ward _____

2. FULL NAME Mary Louise Haralson
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-W
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Ill Ill

FATHER
 13. NAME Lezibah Eales 2
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

MOTHER
 15. MAIDEN NAME Betty Bowen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Charles Haralson
 (ADDRESS) Waldron Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Bethel DATE Dec 25, 1937

19. UNDERTAKER Hitchman - Bless Mo
 (ADDRESS) Polk

20. FILED 12-25, 1937 Mary Camel
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937, to Dec 23, 1937
 I last saw her alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
 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) J. D. Minkley, M. D.
 (Address) _____

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.

9213



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46410
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 705
 (b) Township Benton Primary Registration District No. 5934 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 Mary Louise Harlason

(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) m

6A. 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.
22 1 6

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)

13. NAME

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

15. MAIDEN NAME

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

INFORMANT (ADDRESS)

BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

FUNERAL DIRECTOR (ADDRESS)

FILED _____ 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 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:

Enterocarditis
Myocarditis
922

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) T. D. Wrinkle, M. D.

(Address) Nalfway mo

SUPPLEMENTARY

PLA