

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1584
 Township Flour Primary Registration District No. 1002 Registered No. 272
 City St. Louis (No. Trinity St. L.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7304 Wyndette Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 17, 1938
 I last saw her alive on Jan 17, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28-72

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 19

Postoperative intrabdominal hemorrhage. Date of onset Jan 6-1938

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

Other contributory causes of importance: (Nephritis) myocarditis (acute)

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

Name of operation hysterectomy Date of Jan 12-38
 What test confirmed diagnosis? Clues Was there an autopsy? yes

13. NAME James F. Harrison

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

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Alice Kennedy

Manner of injury _____ Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? _____

17. INFORMANT Walter Farrar
 (ADDRESS) 7304 Washington

If so, specify 140 Hickok
 (Signed) _____ (Address) Rolla Bldg by N.W. Smith, M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington Jan 19 1938

19. UNDERTAKER Cy-Lav Funeral Home
 (ADDRESS) 45 E. 250

20. FILED Jan 18 1938 M. M. Brown
 Registrar.

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

RECEIVED

FEB 12 1938

BUREAU OF VITAL STATISTICS,
MO. STATE BOARD OF HEALTH

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 272
City..... (No. Sanitary Hospital) St. Ward.....

2. FULL NAME

(a) Residence, No. St. Ward..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

Mary Harrison Harris

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 . 19 31

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

22. I HEREBY CERTIFY That I attended deceased from to 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 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.....

Date of onset 1-16-31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

P.O.P. Abdominal hemorrhage

10. Date deceased last worked at this occupation (month and year)

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

1390

Other contributory causes of importance: Septic - Myocarditis

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

acute uterine hemorrhage + perforation

MOTHER / FATHER 13. NAME

Name of operation hysterectomy Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER / FATHER 15. MAIDEN NAME

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)

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

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....

PLACE..... DATE....., 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED Jan 16 1931 M. M. Brown Registrar.

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. A full statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1584.