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.

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

Do not use this space.

1. PLACE OF DEATH

County Livingston, Registration District No. 516 File No. 3356

Township Wheeling, Primary Registration District No. 5682 Registered No. 1

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Maud Harris. 6[illegible]

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

Length of residence in city or town where death occurred 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	8	19	

OCCUPATION

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

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) Wheeling Mo.

FATHER

13. NAME William J. Littrell

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

MOTHER

15. MAIDEN NAME Emma Gish

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

17. INFORMANT (ADDRESS) Ida Littrell Wheeling Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wheeling Mo. DATE Jan. 15 1938

19. UNDERTAKER (ADDRESS) Smiley Funeral Home. Wheelintg Mo.

20. FILED Jan. 13, 1938 Mrs. L. Boone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to Jan 11, 1938

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 30 a.m.

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

	Date of onset
Pronary Thrombosis	1/11/1938

Other contributory causes of importance:

94B

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 ....., 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) A. Collier, M. D.

(Address) Phillicothe Mo

RECEIVED
FEB 2[illegible] 1938
[illegible]
[illegible]