

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

Do not use this space.

27

1. PLACE OF DEATH  
 County Newton Registration District No. 612  
 Township Van Buren Primary Registration District No. 5-814  
 City (No. ) St. Ward

2. FULL NAME Mary Elizabeth Harris 620  
 (a) Residence, No. St. Ward. (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.

File No. 3573  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69 8 10 14

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

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) Newton Co. Mo. 0  
James Nimmo 1

13. NAME 0

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

15. MAIDEN NAME Rachel Ramsire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo.  
Mrs. Claude Skaggs

17. INFORMANT (ADDRESS) R.R. 2 Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berwick DATE Jan. 23 1938

19. UNDERTAKER (ADDRESS) Victor Niemeyer  
Pierce City Mo.

20. FILED 1-22 1938 Grace Hudson Registrar. 546

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from Dec. 4 1937 to Jan. 21 1938  
 I last saw her alive on Dec 28 1937 Death is said to have occurred on the date stated above, at 12-P. m.  
 The principal cause of death and related causes of importance were as follows:  
arteriosclerosis  
acute degeneration  
 Date of onset

Other contributory causes of importance:  
acute degeneration

Name of operation none 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) R.F. Chatham M. D.  
Diamond Mo. (Address)

RECEIVED

FEB 28 1938

BUREAU OF VETERINARY SERVICES  
MO. STATE BOARD OF HEALTH