

REC'D APR 19 1938

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

10595

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess
(b) Township Coffey
(c) City Coffey, Mo.

Registration District No. 249
Primary Registration District No. 4149

Registered No. _____

(d) Street No. _____
(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 Dina Jane Harrington 152

(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)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 24

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. House Wife

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) Ill13. NAME William Brunfield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know15. MAIDEN NAME Elizabeth Scott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know17. INFORMANT Mrs Ethel Smith
(ADDRESS) 2450 So Broadway - Denver, Colo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coffey DATE 3/29/3819. FUNERAL DIRECTOR E. S. Stramer
(ADDRESS) Pattonsburg, Mo.20. FILED 3/30 - 1938 Mrs. H. Cunningham
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1938, to 3-27 1938
I last saw her alive on 3-27 1938. Death is said to have occurred on the date stated above, at 9/20 P.M.

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

Broncho Pneumonia Date of onset 3/15/38

Other contributory causes of importance: 107 WName 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 _____, 1938

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) P. S. Baumgardner(Address) Loeffel St. Mo

(Licensed Embalmer's Statement on Reverse Side)

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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.

STATEMENT BY LICENSED EMBALMER

I, G. S. Gromer....., Licensed Embalmer No. 2857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed G. S. Gromer

Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)