

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

Do not use this space.

REC'D APR 15 1938

**1. PLACE OF DEATH**

County Jackson  
Township Greenwood  
City Greenwood (No. \_\_\_\_\_)

Registration District No. 397

Primary Registration District No. 4234

File No. 10958

Registered No. \_\_\_\_\_

**2. FULL NAME**

Cornelia A. McClinton Harris 620

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Greenwood St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. B. Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-10-1855</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
		DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wif.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>11</u>	
	10. Date deceased last worked at this occupation (month and year) <u>11</u>	
	11. Total time (years) spent in this occupation <u>23</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellville, Ill.</u>
	13. NAME <u>Blascow M. C. Clintock</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Nancy Inman</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Prudence Powell</u> <u>Leis Summit</u>
BURIAL, CREMATION, OR REMOVAL	18. PLACE <u>Greenwood</u>
	DATE <u>3/14/38</u>
UNDERTAKER	19. (ADDRESS) <u>N. B. Ganges</u> <u>Leis Summit</u>
	20. FILED <u>Mar 10, 1938</u> <u>Mrs. Sallie H.eyer</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/38 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Mar. 8, 1938

I last saw h. or alive on Mar 7, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

chronic nephritis 1930

Other contributory causes of importance: Senility 1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. S. Swamy, M. D.  
(Address) Leis Summit, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

