

REC'D JUN 23 1938

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

19091

Do not use this space.

1. PLACE OF DEATH

(a) County Deminiot Registration District No. 651
(b) Township _____ Primary Registration District No. 4388 Registered No. 5-4
(c) City Caruthersville (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

Martha May Harrison
(a) Residence No. Caruthersville Mo St. (Usual place of abode; in street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 10 26

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. ✓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) Caruthersville, Mo.13. NAME Clara Harrison 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co., Mo. 015. MAIDEN NAME Addie Spisler 016. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deminiot Co., Mo.17. INFORMANT (ADDRESS) Robert Miller18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cem. DATE June 1, 193819. FUNERAL DIRECTOR (ADDRESS) Friends
Caruthersville, Mo.20. FILED June 1, 1938 Aida Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 193822. I HEREBY CERTIFY That I attended deceased from May 30, 1938, to May 31, 1938I last saw him alive on May 30, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

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

undetermined - Date of onsetno diagnosis madeOther contributory causes of importance: 200 B

Name of operation _____ 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? _____

If so, specify _____

(Signed) J. B. Luten, M. D.585 (Address) Caruthersville

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

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.)