REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Barton
Township
City Lamar (No. , St. Ward)

Registration District No. 40
Primary Registration District No. 4024

File No. 21266
Registered No. 27

2. FULL NAME Missouri Harris 620

(a) Residence, No. St., Ward.
(Usual place of abode) (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Columbia, MO.

FATHER
13. NAME W.H. Belcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT John Harris
(ADDRESS) Lamar, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE 6-17-38, 19

19. UNDERTAKER River Funeral Home
(ADDRESS) Lamar, MO.

20. FILED 6-17-, 1938 Mrs Josephine Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1934, to June 15, 1938
I last saw her alive on June 15, 1938 Death is said to have occurred on the date stated above, at 8:50 A.M.
The principal cause of death and related causes of importance were as follows:

Cardio-Renal-Vascular Syndrome

Date of onset

Other contributory causes of importance:
Acute Myocarditis from Influenza

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) S. E. Duckett, M. D.
(Address) Lamar, Mo.

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.