

REC'D JUL 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County HowardRegistration District No. 380File No. 21989Township New FranklinPrimary Registration District No. 4224Registered No. 14 WardCity New Franklin (No. _____) St. _____2. FULL NAME Bessie Madson Harris 670(a) Residence, No. New Franklin Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellie Harris6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1888

7. AGE

YEARS 49MONTHS 10DAYS 25

If LESS than 1 day, _____ hrs. or _____ min.

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) 193611. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.13. NAME John K. Madson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.15. MAIDEN NAME Amanda M. Canal16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.17. INFORMANT Ellie Harris (ADDRESS) New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE mt. Pleasant DATE 6/9/3819. UNDERTAKER C. S. Blunson (ADDRESS) New Franklin Mo.20. FILED 6-16-1938 328 at wh. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 193822. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to June 6 1938I last saw her alive on June 6 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

myocarditis unknown

Other contributory causes of importance:

Chronic nephritis, Unknown HypertensionName of operation ovariotomy Date of Jan 18-1938What test confirmed diagnosis? Dropsy 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? No

If so, specify _____

(Signed) W. C. Chamberlain M. D.(Address) New Franklin Mo.

161

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21989
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) Street No. St.
 (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 Bessie D. Harris

(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 M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 10 25

OCCUPATION
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
49 W
Carcinoma ovary
 Other contributory causes of importance:
Chc hepatitis - Hypertension

Date of onset

Name of operation Ovarotomy Date of
 What test confirmed diagnosis Diopsy 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 G. L. Chamberlain, M. D.
 (Signed) New Franklin (Address) Miss

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED LAWS

