

REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26203

1. PLACE OF DEATH

County

Pettis

Registration District No.

669

Township

Smithton

Primary Registration District No.

5892

City

(No.

St.

Ward)

2. FULL NAME

Margaret Agnes 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

60 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

John V. Harris

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

March 4-1878

7. AGE

YEARS

80

MONTHS

4

DAYS

12

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)

11. Total time (years) spent in this occupation

5

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

Fayetteville Mo

13. NAME

James Thomas

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

Wales

15. MAIDEN NAME

Mary Somerville

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

Sep. 1842

17. INFORMANT (ADDRESS)

Mrs. J. V. Harris

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton

DATE

July 19, 1938

19. UNDERTAKER (ADDRESS)

A. F. Neumann

20. FILED

7-19

1938

Mrs. J. B. Mowbray

Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-16-38

19

22. I HEREBY CERTIFY, That I attended deceased from

7-10-38, 19, to 7-16-38, 19.

Last saw him alive on 7-10-38, 19. Death is said

to have occurred on the date stated above at 12:00 a.m.

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

Date of onset

Influenza

Other contributory causes of importance:

Broncho Pneumonia

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. Mowbray

M. D.

(Address)

Smithton 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.

