

DEC'D SEP 26 1938

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

29267

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 437
 (b) Township Madison Primary Registration District No. 4253
 (c) City Holden (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 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mattie Harriman 65.5
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 8 | 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) California Mo.FATHER 13. NAME Lagan Hlee14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Ballard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Mrs Chris Funk Holden Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE Aug 27 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) T.W. Goodman Holden, Mo.20. FILED Aug 26 1938 Ma & V. Redford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1936, to Aug 25 1938
 I last saw her alive on Aug 25 1938 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Hypostatic Pneumonia

Date of onset

8/24/38

Other contributory causes of importance:

Chronic Myocarditis
Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Kelly Rawlins _____, M. D.390 (Address) Holden Mo

RECEIVED

District Health Officer, No. 8,

District File Number

9/10/58

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Samuel B. Roppo*

Licensed Embalmer No. *4044*

P. O. Address *Hollis, Mo.*

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.)

If this body is not embalmed, above space should be left blank.