REC'D NOV 18 1938

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

Do not use this space.

File No. 35548

Registered No.

1. PLACE OF DEATH
County: DeKalb. 2
Township: Camden. 1
City: (No. , St. Ward)

Registration District No. 259
Primary Registration District No. 5359B

2. FULL NAME 655 Ella Isabell Harman.

(a) Residence, No. 1½ Mi. S.W. Maysville 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Grant Ha rman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 4, 1863.

7. AGE: Years 75 | Months 6 | Days 18 | 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): October 1938.
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph. Buchanan Co. Mo.

FATHER
13. NAME: William Carpenter.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER
15. MAIDEN NAME: Anna Crosby.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield. Massachussets.

17. INFORMANT (ADDRESS): Kenyon Harman. Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn Cem. DATE: Oct. 23, 1938

19. UNDERTAKER (ADDRESS): U. G. Pilcher, Maysville, Mo.

20. FILED 10-26 1938 Ethel H. Boner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to October 22, 1938
I last saw her alive on October 22, 1938. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Oct.	18 1938

Other contributory causes of importance:
Influenza Aug. 1938

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) Glen D. Johnson M. D.
(Address) Maysville Mo.

234

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.

U. G. Pilcher Undertaking Co. License #3961

Embalmed by C. T. Pilcher, License # 3960

C. T. Pilcher

APR 28 1947