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

REC'D NOV 10 1938

37044
Do not use this space.

1. PLACE OF DEATH
(a) County Texas
(b) Township Piney
(c) City Houston
Registration District No. 863
Primary Registration District No. 6-38
Registered No. 22
(d) Street No. 4 S 3 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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Celesta Harris
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1857
7. AGE Years 80 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. and Hotel Proprietor
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Co. Pa.

FATHER
13. NAME William Leidy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Mary Wellibar.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mr. Frank Harris Houston Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Summersville DATE Sept 18 1938
19. FUNERAL DIRECTOR (NAME) Hayford Elliot (ADDRESS) Houston Mo.
20. FILED Sept 14 1938 J. Bowman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938, to Sept 13, 1938
I last saw her alive on Sept 13, 1938. Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious enteritis of undetermined etiology	Sept 5-38

Other contributory causes of importance: Senility

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) L. M. Dillman M. D.
(Address) Houston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...
Gaylord V. Elliott, or by .....

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

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Houston Ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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