

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

Do not use this space.

REC'D DEC 1 1938

1. PLACE OF DEATH

County Monroe
Township Center
City Edina Mo (No. 432)

Registration District No. 441
Primary Registration District No. 4259

File No. 39572
Registered No. 38
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Baring Mo
(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1888
7. AGE YEARS 50 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper
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 _____

12. BIRTHPLACE (CITY OR TOWN) Memphis Mo (STATE OR COUNTRY) _____

13. NAME James W. Harter
14. BIRTHPLACE (CITY OR TOWN) Wise Co. W. Va. (STATE OR COUNTRY) _____

15. MAIDEN NAME Lydia King
16. BIRTHPLACE (CITY OR TOWN) Brace Penn. (STATE OR COUNTRY) _____

17. INFORMANT Cassie Harter (ADDRESS) Cushman, Ark.

18. BURIAL, CREMATION, OR REMOVAL Bartholomew PLACE Memphis Mo DATE Nov - 22 1938

19. UNDERTAKER Keith Hudson (ADDRESS) Edina Mo

20. FILED Nov 22 1938 Mar C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
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:

Coroner Jung
Verdict: Natural Causes
Re: Indigestion
Other contributory causes of importance: _____

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) Keith Hudson
(Address) Edina Mo

RECEIVED

District Health Officer No. 10

District File Number

10-28-652

Date Filed

12-17-38