

REC'D FEB 21 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
2794  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County Knos Registration District No. 4465006  
 (b) Township Salp River Primary Registration District No. 42264 Registered No. \_\_\_\_\_  
 (c) City Northy Mo RFD (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- (a) Residence, No. 400 Sarah Jane Hall  
Clouche Mo RFD (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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. L. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/28-1864

7. AGE 74 YEARS 10 MONTHS 25 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm  
 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) Illinois

- FATHER 13. NAME David B. Harris

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

- MOTHER 15. MAIDEN NAME Patience Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Roy Fisher  
Novelty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Wood DATE 12/26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William H. Burkholder  
Clouche Mo

20. FILED Jan 12 1939 Mrs E. L. McCluskey  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1938, to Dec 23 1938

- I last saw her alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Bronchial pneumonia  
1938  
 Date of onset Dec 16 1938

- Other contributory causes of importance:

Myocardial insufficiency

- 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) E. L. Holmquist, M. D.

- (Address) Novelty Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-63

Date Filed FEB 10 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

*Handwritten signature and notes at the bottom of the page.*