

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.

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

Do not use this space.

REC'D FEB 9 1939

1. PLACE OF DEATH

County *Pike*

Township *Columb*

City *Clarksville*

Registration District No. *685*

Primary Registration District No. *5809B*

File No. *3539*

Registered No. *1*

2. FULL NAME *Tolly Harrington*

(a) Residence, No. *1* St. *1* 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 <i>Female</i> | 4. COLOR OR RACE <i>Colored</i> | 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED, (write the word) <i>Widow</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HIS/HER HUSBAND/WIFE (OR WIFE/HUSBAND) <i>Will be Harrington</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Don't know</i> | | |
| 7. AGE YEARS <i>About 93</i> | MONTHS | DAYS |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retiree</i> | | |
| 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) (STATE OR COUNTRY) <i>Pike Co Mo</i> | | |
| 13. NAME <i>Ed Smalley</i> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i> | | |
| 15. MAIDEN NAME <i>Don't know</i> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i> | | |
| 17. INFORMANT (ADDRESS) <i>Henry Reynolds, Clarksville Mo</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>Buried in Clarksville Mo Jan 29 1939</i> | | |
| 19. UNDERTAKER (ADDRESS) <i>Harry L. Lippard, Clarksville Mo</i> | | |
| 20. FILED <i>Jan 31 1939</i> <i>W. W. Breaker, Registrar</i> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 27 1939*

22. I HEREBY CERTIFY, that I attended deceased from *Jan 20 1939 to Jan 27 1939*

First saw her alive on *Jan 24 1939* Death is said

to have occurred on the date stated above, at *6:30 P.M.*

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

*Chronic heart disease
Due to sclerotic changes
in heart muscle*

Other contributory causes of importance:
General arterio-sclerosis

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? *no*

If so, specify _____

(Signed) *E. M. Baulert*, M. D.

(Address) *Clarksville Mo.*

