

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

Do not use this space.

REC'D APR 18 1939

10944

42¹ PLACE OF DEATH
 5 County Henry Registration District No. 351
 0 Township Farrington Primary Registration District No. 4288
 City Deepwater (No. _____ St. _____ Ward _____)

2. FULL NAME W. J. Harrington
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF one, E. Harrington
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
 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) Garden City (STATE OR COUNTRY) Missouri
 13. NAME James Harrington
 14. BIRTHPLACE (CITY OR TOWN) Garden City (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Wakenam
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT E. Harrington (ADDRESS) Deepwater, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City Mo DATE 3-21-39
 19. UNDERTAKER Tom Hest (ADDRESS) Deepwater, Mo
 20. FILED _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-39
 22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to 12 March 19, 1939
 I last saw him _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Strains with pneumonia followed with pneumonia

Other contributory causes of importance: 82nd
 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) J. J. Fursell M. D.
 (Address) 315 Deepwater Mo

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.

WRITE PLAINLY, IN INK

RECEIVED
District Health Officer No. 7,
District File Number 7-39-625
Date Filed 4-12-39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 361
(b) Township Thirteenth Primary Registration District No. 4206
(c) City Deepwater (d) Street No. _____
(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. _____ St. Deepwater Mo
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 One E Harrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

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) Garden City Mo
(STATE OR COUNTRY)

13. NAME James Harrington

14. BIRTHPLACE (CITY OR TOWN) Garden City Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) One E Harrington
Deepwater

18. BURIAL, CREMATION, OR REMOVAL
PLACE Garden City DATE 3-21 39

19. FUNERAL DIRECTOR Tom Hunt
(ADDRESS) Deepwater

20. FILED 3-20 19 39
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 to Mar 17 1939

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11 a.m.

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

Stroke with Paralysis
Complicated with bronchopneumonia

Other contributory causes of importance:

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) J. J. Russell, M. D.

(Address) Deepwater

MAY - 3 1939

S-10944