

REC'D JUN 15 1939

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

19120

Do not use this space.

1. PLACE OF DEATH

(a) County LIVINGSTON Registration District No. 508
(b) Township _____ Primary Registration District No. 302.6 Registered No. 75
(c) City Chillicothe (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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ruth Cottin Harris
(a) Residence, No. 1145 Elm St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 OTIS LEE HARRIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 29-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 0 19

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.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) MARTINSVILLE
(STATE OR COUNTRY) IND.

13. NAME John E. Cottin

14. BIRTHPLACE (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) IND.

15. MAIDEN NAME SARAH CRAIG

16. BIRTHPLACE (CITY OR TOWN) SPENCER
(STATE OR COUNTRY) IND.

17. INFORMANT Otis Lee Harris
(ADDRESS) 1145 Elm St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE EDGEWOOD CEM DATE MAY 19 1939

19. FUNERAL DIRECTOR (NAME) T. H. MELMERSHAGEN
(ADDRESS) Chillicothe

20. FILED 5-19 1939 W. M. Mearns Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-30-37 to 5-14-39

I last saw her alive on 5-14-39 Death is said to have occurred on the date stated above, at 7:10 AM.

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

Carcinoma of uterus

Other contributory causes of importance: HS

Name of operation Radium Implantation & X-ray treatment
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

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) Donald M. Dowell M. D.
Chillicothe MO

RECEIVED

District Health Officer No.

District File Number 11-39

Date Filed JUN 14

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,

Elmer Thomas

or by

Registered Apprentice No., working under my personal supervision.

Signed

Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe Mo

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.