

REC'D JUN 15 1939

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

19488
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 677
(b) Township Roller Primary Registration District No. 4403
(c) City Roller (d) Street No. _____ Registered No. 54
(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 Miss Mary Ada Still Harrison
(a) Residence, No. 805 State Roller Mo. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Waynesville Mo

FATHER 13. NAME Vanderer B. Still
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Co Ky

MOTHER 15. MAIDEN NAME Nancy M. Donald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeton Mo

17. INFORMANT (ADDRESS) Miss Georgia Harrison
805 State St. Roller Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller DATE May 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Fullerton
Roller Mo

20. FILED June 1 1939 J. F. Ayers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939

22. I HEREBY CERTIFY That I attended deceased from May 25 1939 to May 29 1939
I last saw him alive on May 29 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:
Brachopneumonia Date of onset 5-24-39
190 W
Other contributory causes of importance: Fractured hip joint 1-3-39
in home

Name of operation None Date of _____
What test confirmed diagnosis? Physical 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 _____
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 FALL
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. L. Mitchell / M. D.
1610 (Address) _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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 Personnel

....., Registered Apprentice No.

working under my personal supervision.

Signed S. L. Miller

Licensed Embalmer No. 3397

P. O. Address Royal 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.