

JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Howard Registration District No. 376 File No. 22242
Township Amstutz Primary Registration District No. 4220 Registered No. _____
City Amstutz (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Harris
(a) Residence, No. Amstutz, Mo. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OR (OR) WIFE OF Wm B Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1871
7. AGE YEARS 67 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Amstutz (STATE OR COUNTRY) Howard Co Mo

MOTHER FATHER 13. NAME Conrad Kelly

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

15. MAIDEN NAME Barbara Kelly

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

17. INFORMANT W B Harris (ADDRESS) 5400 Lytle St. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Chapel Cemetery June 16 1939

19. UNDERTAKER W B Harris (ADDRESS) Amstutz Mo

20. FILED June 15 1939 W M Deacon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30 1939 to June 14 1939
I last saw him alive on June 14 1939 Death is said to have occurred on the date stated above, at 9:10 am.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis 6/39
94%
Date of onset _____

Other contributory causes of importance: Relaxation of the aorta 1935

Name of operation _____ Date of _____
What test confirmed diagnosis? Solus of 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) W M Deacon M. D.
Amstutz Mo (Address)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/11/39