REC'D JUL 8 1939

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

22567
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 496
(b) Township — Primary Registration District No. 3025 — Registered No. 56
(c) City Brookfield — (d) Street No. ..... St.
(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. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josie Alice Harrington
(a) Residence, No. Buckler Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Harrington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1865
7. AGE Years 74 Months 3 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jameson Mo.

FATHER
13. NAME John Robb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Lucinda Jane Tropel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) James B. Harrington Buckler Mo
18. BURIAL, CREMATION, OR REMOVAL Masonic Cem DATE June 4, 1939
Buckler Mo
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Corson Funeral Service Buckler Mo
20. FILED July 1, 1939 Jno H Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1939, to 6-2, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:55 a.m.
The principal cause of death and related causes of importance were as follows:
Multiple Sclerosis (amyotrophic lateral) — Date of onset 1937
87 b
Other contributory causes of importance:
Name of operation None Date of —
What test confirmed diagnosis? Usual 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) C. E. Enoch, M. D.
445 (Address) Brookfield Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 11,
District File Number 739-959
Date Filed JUL 6 1939

MAY 26 1947

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, J. H. Blacklock, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.