JUL 19 1939

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

Do not use this space.

File No. 23127
Registered No. 882

1. PLACE OF DEATH
County St. Francois Registration District No. 224
Township St. Francois Primary Registration District No. 4465
City Flat River (No. ..... St. ..... Ward)

2. FULL NAME Carroll Joan Harris

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4 - 1939

7. AGE: Years ..... Months 1 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) (STATE OR COUNTRY): Flat River Mo.

FATHER
13. NAME: Markus McCann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Leona Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co Mo.

17. INFORMANT (ADDRESS): John Harris Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineral Area DATE June 9, 1939

19. UNDERTAKER (ADDRESS): Caldwell Bros. Flat River Mo.

20. FILED 7/8 1939 C B Hardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1939, to June 8, 1939
I last saw h. alive on June 6, 1939. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: whooping cough	

Name of operation none Date of .....
What test confirmed diagnosis? Exam 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? No
If so, specify .....
(Signed) C H Appleberry, M. D.
(Address) Flat River 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.