

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.

REC'D AUG 10 1939

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

Do not use this space.

26608

1. PLACE OF DEATH *Rolls co* Registration District No. *728*  
*Clay* Primary Registration District No. *5961*  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Mrs Cecil B. Harris*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Harris</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 12 - 1889</i>		
7. AGE	YEARS <i>49</i>	MONTHS <i>7</i>
		DAYS <i>9</i>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	
	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)	<i>Pike Co. Illinois.</i>	
FATHER	13. NAME <i>James Bell.</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>	
	15. MAIDEN NAME <i>Est. Kussan</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>	
	17. INFORMANT <i>William Harris</i> (ADDRESS) <i>New London Missouri</i>	
18. BURIAL, CREMATION, or other disposal of body PLACE <i>Spalding</i> DATE <i>July 22</i> 1939		
19. UNDERTAKER <i>Louch &amp; Wilkey</i> (ADDRESS) <i>Quinn Perry</i>		
20. FILED <i>Aug 8</i> 1939 <i>Mary Short</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 20* 1939

22. I HEREBY CERTIFY, that I attended deceased from *Jan - 1* 1939, to *July 20* 1939  
 I first saw him alive on *July 20* 1939. Death is said to have occurred on the date stated above, at *5:30 P. M.*  
 The principal cause of death and related causes of importance were as follows:  
*Coronary Thrombosis*  
*Chronic Hypertension*  
 Date of onset *7-20-39*

Other contributory causes of importance:  
*1930*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_  
 (Signed) *H. B. Foster* M. D.  
*Hampden Mo*  
 655 (Address)

RECEIVED

District Health Officer No. 10

District File Number 8-39-1398

Date Filed AUG 7 1939