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

OCT 12 1939

Do not use this space.

1. PLACE OF DEATH
County: Barton
Registration District No.: 40
Primary Registration District No.: 4024
File No.: 31792
Registered No.: 36
City: Lamar (No. ..... St. ..... Ward)

2. FULL NAME: Josephine 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 26-1853

7. AGE: Years 86 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Pepper Plane Ohio.

FATHER
13. NAME: Wm Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Hester Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Lee Van Pelt, Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lase Cemetery DATE: Sept 6 1939

19. UNDERTAKER (ADDRESS): Lucas Funeral Home, Lamar, Mo

20. FILED: Sept 6 1939 Mrs Josephine Mynatt, Registrar.

MEDICAL CERTIFICATE OF DEATH 1939

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 5th.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1939 to Sept. 5th, 1939
I last saw her alive on Sept. 4th, 1939. Death is said to have occurred on the date stated above, at 1:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Cardio-renal-vascular.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) C. E. Duncan, M. D.
(Address) Lamar, Missouri.

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.

WRITE PLAINLY, WITH INK. DO NOT FOLD. [illegible]

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RECEIVED
District Health Officer No. 6,
District File Number 1039-2015
Date Filed OCT 9 1929