

DEC'D OCT 10 1939

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

Do not use this space.

33146

File No. \_\_\_\_\_  
Registered No. 88 \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 1. PLACE OF DEATH

County Plumpick Registration District No. 657  
Township Little Prairie Primary Registration District No. 4388  
City Carthage No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

(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 5 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 - 1918</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>7</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Handwork</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Handwork</u>		
10. Date deceased last worked at this occupation (month and year) <u>9.3.39</u>		11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheatley Ark.</u>		
13. NAME <u>Will Harris</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aberdeen Miss.</u>		
15. MAIDEN NAME <u>Lucy Williams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Helena Ark.</u>		
17. INFORMANT (ADDRESS) <u>Lucy Harris Carthage Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carthage Mo</u> DATE <u>9-10-1939</u>		
19. UNDERTAKER (ADDRESS) <u>Mr. J. Smith Carthage Mo</u>		
20. FILED <u>Sept 9 1939</u> <u>Edna Martin</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-193922. I HEREBY CERTIFY, That I attended/deceased from 9-5, 1939, to 9-6-39, 1939I last saw her alive on 9-4, 1939. Death is saidto have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

malaria

Date of onset

Other contributory causes of importance: nilName of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury 0, 1939Where did injury occur? 0  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? noIf so, specify 0(Signed) Edna Martin M. D.(Address) Carthage Mo.

Registrar

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. 3,

District File Number 1039-592

Date Filed 10/6/39

DEAR

HAYTI, IFO.