DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40155

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 320 So. Beverly
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Peggie Pat Harris 620

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 17 (Day) 1939 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace Brookfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Rollie J Harris 0
13. Birthplace Brookfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ethel Elkers
15. Birthplace Triplett (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Rollie J Harris

(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director Homer L Bowden

(b) Address Brookfield Mo 445

19. (a) Nov 17 1939 (Date received local registrar) (b) Jno H Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1939 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 17, 1939, to Nov 17 1939; that I last saw h alive on Shelburn Nov 17, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prolapse of cord.	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address Brookfield Mo Date signed 11-17-39

(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.

RE[illegible]
Dis[illegible] Health Officer No. 1[illegible]
Dis[illegible] 1239-1652
Date Filed DEC 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.