

ALM FEB 15 1940

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Plattin Primary Registration District No. 5576
City Jefferson, Mo. R#1 (No.) St. Ward)

File No. 2780
Registered No. 8

2. FULL NAME

Maggie Harris 620
(a) Residence, No. Jefferson, Mo. R#1, Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1911

7. AGE YEARS 28 MONTHS 8 Days 21 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) Jan. 2, 1940 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leaonton, Mo.

13. NAME Sam Whitehead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagan, Mo.

15. MAIDEN NAME Rebecca Sylvia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagan, Mo.

17. INFORMANT Clayton Harris (ADDRESS) Jefferson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leaonton, Mo. DATE Jan 28, 1940

19. UNDERTAKER Gentry R. Little (ADDRESS) Crystal City, Mo.

20. FILED 1/27, 1940 J. E. Rutledge, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1940

22. I HEREBY CERTIFY, that I attended deceased from Jan 25, 1940, to Jan 25, 1940.
I last saw her alive on Jan 25, 1940. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Acute Gastritis & Indigestion from eating raw meat Date of onset 1-25-40

Other contributory causes of importance: Recent operation for appendicitis - 20 days before

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? No 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) J. E. Rutledge M. D.
Address Jefferson, 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.

THIS IS A PERMANENT RECORD

