

FILED SEP 19 1947

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

30998

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 134
 (b) Township Colfax Primary Registration District No. 5492 Registered No. 25
 (c) City West Linn, Ia. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bertha Elizabeth Haroff
 (a) Residence, No. Harrison County, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27 1883</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>NONE</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Invalid</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison County Mo.</u>		
FATHER	13. NAME <u>Wm T. Haroff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby County Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Northampton Mass.</u>	
17. INFORMANT (ADDRESS) <u>Zada M. Haroff, Linn, Ia.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Andover, Mo.</u>	DATE <u>Aug 26 1947</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm A. Marsh Linn, Iowa</u>		
20. FILED <u>Sept 12, 1947</u>	<u>S. P. Shaw, Local Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1947

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1947 to Aug 8, 1947
 I last saw h. live on Aug 1, 1947 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
 Date of onset 8-15-47

Other contributory causes of importance:
Epilepsy
Decubitus
Cerebritis
Congenital
July 47
July 48

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? No
 If so, specify _____
 (Signed) L. J. Jones M. D.
 (Address) Linn, Ia.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 27 1947

Cameron, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~myself~~
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm A Marsh
Licensed Embalmer No. 4400
P. O. Address Lamoni Iowa

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

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