

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

Do not use this space.

**8641**

**1. PLACE OF DEATH**

County Henry Registration District No. 14 File No. 8  
 Township \_\_\_\_\_ Primary Registration District No. 4211 Registered No. 8  
 City Windsor St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ms Alice Harris  
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 - 1893  
 7. AGE Years 34 Months 3 Days 5 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
 8. OCCUPATION OF DECEASED Housewife  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sedalia  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Smith Brooks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Bell Bias

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Cooper Co. Mo.

14. INFORMANT Mr John Willis  
 (Address) Windsor Mo

15. FILED Mc 10 29 1928 J. Jennings  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1928  
 17. I HEREBY CERTIFY That I attended 5th \_\_\_\_\_  
Mich. 1928 to 9th Mich. 1928  
 that I last saw her alive on 8th Mich. 1928, and that death occurred, on the date stated above, at 2 16 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Insanity caused by over Religious excitement  
84 (duration) yrs. 8 mos. 8 da.

CONTRIBUTORY (SECONDARY) Extreme Anemia  
 (duration) yrs. 6 mos. — da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urot + Blood  
 (Signed) M. E. Bradley M. D.  
 , 19 (Address) Windsor Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. DATE OF BURIAL March 11 1928

20. UNDERTAKER W. E. Huston ADDRESS Windsor 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.

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