

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

Do not use this space.

14475

PLACE OF DEATH

County Henry  
Township Fields Creek  
City (None)

Registration District No. 347  
Primary Registration District No. 5490

File No. 68  
Registered No. 68  
St.          Ward         

2. FULL NAME

Mary J Harris

(a) Residence No.          St.          Ward           
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 3 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Carysburg (STATE OR COUNTRY) Ind

10. NAME OF FATHER Dr Isaac M Britts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Fincastle Virginia

12. MAIDEN NAME OF MOTHER Mary Jane Rogers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Kentucky

14. INFORMANT John Harris (Address) Elmer Harris

FILE Apr 30 1929 Dr. E. C. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1929

17. I HEREBY CERTIFY That I          deceased from          April 2 1929 to April 29 1929 that I last saw h.          alive on April 26 1929 and that death occurred, on the date stated above at          m.         

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS: arteriosclerosis

19. 110 old age (duration) yrs. mos. da.

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21. WHERE WAS DISEASE CONTRACTED          IF NOT AT PLACE OF DEATH         

22. DID AN OPERATION PRECEDE DEATH? NO DATE OF         

23. WAS THERE AN AUTOPSY? no

24. WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Sassyl A. Peas M. D. (Address) Plumtree, Va

25. 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 Englewood Cem DATE OF BURIAL 4/30 1929

20. UNDERTAKER S Rose & Son ADDRESS Charters

WRITE IN FULLY, 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.

25-1929

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