

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

Do not use this space.

27549

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No. ....) (St. .... Ward)

File No. ....  
Registered No. 102

2. FULL NAME

Maragret Harris  
(a) Residence. No. 803 E Green 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 11 21

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) Washington Co Ky  
(STATE OR COUNTRY)

10. NAME OF FATHER Zepherin Offutt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Elizabeth Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT John E Harris  
(Address) Clinton Mo

15. FILED Aug 26 19 29 Dr. E. C. Peeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 17 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1929, to Aug 17 1929 (that I last saw ~~alive on~~ .., 19 .., and that death occurred, on the date stated above, at 7:30 P .. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy - Diagnosis from description only. I had not seen this patient for a long time but had sent for medicine.

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED None  
IF NOT AT PLACE OF DEATH ..

DID AN OPERATION PRECEDE DEATH? No DATE OF ..  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) Ed E. Peeler, M. D.  
, 19 (Address) Clinton 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 Peaceful Home DATE OF BURIAL 8/19 19 29

20. UNDERTAKER Spore & Son ADDRESS Clinton 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.

FILED 27549

235  
2  
31  
2

