

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

Do not use this space.

5134

MAR 25 1935

1. PLACE OF DEATH

County Steuery
Township Montrose
City Montrose (No. St. Ward)

Registration District No. 352
Primary Registration District No. 4209

File No.
Registered No. 3

2. FULL NAME

Rosella Bell Harrison

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16, 1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>1</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	10. Date deceased last worked at this occupation (month and year) <u>-</u>
11. Total time (years) spent in this occupation <u>-</u>	

12. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

13. NAME John Long

14. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

15. MAIDEN NAME Burgess

16. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

17. INFORMANT Jim Harrison
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Feb. 18 1935

19. UNDERTAKER F Lewarty
(ADDRESS)

20. FILED Feb. 18, 1935 J M Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1935, to Feb. 17 1935

I last saw him alive on Feb. 16 1935. Death is said to have occurred on the date stated above, at 3 a.m.

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

Cancer of Stomach

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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 1935

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? -
If so, specify

(Signed) J M Miller, M. D.
(Address) Montrose 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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