

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

JUN 26 1936

1. PLACE OF DEATH

County St. Francois  
City Flat River Mo (No. .... St. .... Ward)

Registration District No. 774  
Primary Registration District No. 4465

File No. 310  
Registered No. ....

2. FULL NAME

Mary Ann Harris  
(a) Residence, No. Flat River Mo St. .... Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1861

7. AGE YEARS 75 MONTHS 2 DAYS 24 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Apr. 27, 1936 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Missouri

13. NAME James Cads

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

15. MAIDEN NAME Amanda Seewers

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

17. INFORMANT Ben Harris (ADDRESS) Donne Lane Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE P. J. Cemetery DATE April 29, 36

19. UNDERTAKER Benham Ford Co (ADDRESS) Donne Lane Mo

20. FILED 6-2 1936 B. Starnes MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1934 to April 27, 1936  
I last saw her alive on April 26, 1936 Death is said to have occurred on the date stated above, at 5:45 P. m.

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

Chc. Myocarditis  
Cardiac asthma

Date of onset

Other contributory causes of importance:

Name of operation none Date of .....  
What test confirmed diagnosis? Exam 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) C. H. Appberry M. D.  
(Address) 7 Flat River, 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.

THIS IS A PERMANENT RECORD

div  
Hos  
App  
ST. Fran

