

DEC 30 1936

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

Do not use this space.

42347

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Marion (No. _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 210
St. _____ Ward _____

2. FULL NAME

Edward Joseph Harrington

(a) Residence, No. Since Sept 1908 St. _____ Ward _____

(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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Ann Moray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 0 2 1/2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer Cattle D
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 18 months 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bevely Jefferson Mo

13. NAME Samuel Harrington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Mary Jannetta Day
15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Jennetta Harrington

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Chapel DATE Nov. 25 1936

19. UNDERTAKER (ADDRESS) Harrington and Co

20. FILED Nov 25 1936 V. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Nov. 23, 1936
I last saw him alive on Nov. 23, 1936. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset 1934

Other contributory causes of importance: None

Name of operation Eplasty Date of Feb 1936
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Geo. P. Watkins, M. D.
(Address) Farrington 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.

OCCUPATION

FATHER

MOTHER

