

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

Do not use this space.

9307

1. PLACE OF DEATH

County Henry
Township Blainstown
City Blainstown (No. _____)

Registration District No. 347
Primary Registration District No. 4205

File No. _____
Registered No. 150 St. _____ Ward _____

2. FULL NAME

Sarah Elizabeth Harris

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

Length of residence in city or town where death occurred 50 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>10</u>	<u>14</u>	

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

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) _____

11. Total time (years) spent in this occupation _____

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

13. NAME William Davis

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

15. MAIDEN NAME Mary Clark

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

17. INFORMANT (ADDRESS) Etta Harris
Blainstown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLAC Blainstown cemetery DATE Mar 17 1933

19. UNDERTAKER (ADDRESS) W. J. Johnson
Walden Mo.

20. FILED 3/13 1933 Ed C. Peeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933, to March 10, 1933
I last saw h. en alive on March 10, 1933 Death is said to have occurred on the date stated above, at 2:00 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage March 9/33

Other contributory causes of importance: None

Name of operation None Date of None
(Does not conform to classification of physical diagnosis?) no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____
Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) George W. Truffels M. D.
(Address) Greenfield Mo

WRITE PLAINLY, 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.

APR 5 1933

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