

MAR 15 1938

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

6199
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 87
 (b) Township Poplar Bluff Primary Registration District No. 4053 Registered No. 3
 (c) City Harviell (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. S. R. York 620

(a) Residence, No. Harviell St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Sylvester York
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Clay County
 (STATE OR COUNTRY) Arkansas

13. NAME Bert Grisham
 14. BIRTHPLACE (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) "
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Crawford, Daughter
 (ADDRESS) Harviell, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Lone Hill Cem. DATE Jan. 23, 1938

19. FUNERAL DIRECTOR Greer Funeral Service
 (ADDRESS) Poplar Bluff, Missouri

20. FILED 228-3807 Supperton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938, to Jan 22, 1938
 last saw him alive on Jan 21, 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
1076
 Date of onset 8 days
 Other contributory causes of importance: chronic bronchitis 20 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? Direct 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) A. E. Webb, M. D.
 (Address) Harviell, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. Not embalmed.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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PLACE OF DEATH

(a) County Butler Registration District No. 87
(b) Township Primary Registration District No. 4053 Registered No. 3
(c) City Harrison (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME

(a) Residence, No. Mrs. Mary Rosabel Gurne St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OR Sylvester Gurne

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 7 25

Other contributory causes of importance:

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

Date of onset

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

Name of operation Date of

FATHER 13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

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)

MOTHER 15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury Nature of injury

17. INFORMANT (ADDRESS) Mrs. Crawford - Daughter Harrison D. no

24. Was disease or injury in any way related to occupation of deceased? If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

(Signed) H. E. White, M. D. (Address) Harrison no

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-10-1938 M. Sappunter Local Registrar

SUPPLEMENTARY

