

NOV 15 1938

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

35280

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. 260
 (c) City Fulton (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 1 yrs. 3 mos. 19 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. West London, Mo 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Sykes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1854

7. AGE YEARS 79 MONTHS 1 DAYS 9 IF LESS than 1 day, hrs. or min.

OCCUPATION 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) (STATE OR COUNTRY) Calla County

FATHER 13. NAME William P. Harris

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

MOTHER 15. MAIDEN NAME Margaret Ann Marshall

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

17. INFORMANT (ADDRESS) Group Records

18. BURIAL, CREMATION, OR REMOVAL PLACE New London DATE Oct 28 - 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Wallace
Fulton Mo

20. FILED Oct 28, 1938 R. N. Crewe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to Oct 28, 1938
 I last saw h. he alive on Oct. 27, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Intercurrent fracture femur left Sept 2

Other contributory causes of importance:
Carcinoma left breast
Metastatic carcinoma - hip & chest
Cholera pneumonia

Name of operation _____ Date of _____
 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? Accidental Date of injury Sept 2, 1938
 Where did injury occur? Dr. Hosp. Wash
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
State Hosp. No. 1 - Callaway Co.
 Manner of injury fall while sitting down
 Nature of injury Intercurrent fracture left

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Ch. J. Crewe M. D.
 (Address) Fulton, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Harold Christey

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Harold Christey*

Licensed Embalmer No.....

4002

P. O. Address.....

Fullton, Mo.

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

If this body is not embalmed, above space should be left blank.