CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FILED MAY 20 1940

File No. 14731

Registered No.

1. PLACE OF DEATH
County: Crawford
Township: Boone
City: (No. , St. Ward)
Registration District No. 229
Primary Registration District No. 5211

2. FULL NAME: Virginia May Harris
(a) Residence, No. Bourbon St. Mo Ward Pct 2
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10 - 1899

7. AGE: Years 42 | Months 2 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Bourbon Mo

FATHER
13. NAME: John Lee Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

MOTHER
15. MAIDEN NAME: Hattie Lou Weper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

17. INFORMANT: Mrs Harry Schlidde
(ADDRESS) Bourbon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bourbon Mo DATE: Feb. 2 1940

19. UNDERTAKER: Linstromberg Funeral Home
(ADDRESS) C W Adams Bourbon Mo

20. FILED: Feb. 2 1940 C W Adams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 - 30 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1940, to 1-30 1940
I last saw her alive on 1-29 1946. Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
endo carditis	

Other contributory causes of importance:

Name of operation: no Date of:
What test confirmed diagnosis? Clinical 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) Dr. E. L. Hume, M. D.
(Address) Bourbon Mo

RECEIVED
District Health Officer No. 5,
District File Number 540.602
Date Filed 5/7/40