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.

ALLOWED NOV 2 1940

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

34775
Do not use this space.

1. PLACE OF DEATH 20
(a) County Boone — Registration District No. 73
(b) Township or — Primary Registration District No. 3006 — Registered No. 220
(c) City Columbia — (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 NELLIE HARRIS
(a) Residence, No. 13 SWITZLER 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hollis Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1905
7. AGE Years 35 Months 3 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as saw mill, bank, etc. Kappa Sigma
10. Date deceased last worked at this occupation (month and year) Nov. 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Missouri

FATHER
13. NAME John Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Missouri

MOTHER
15. MAIDEN NAME Minnie Nunnelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Missouri

17. INFORMANT (ADDRESS) Mable Henderson Columbia Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 10-13-, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duncan J. Parker Columbia Missouri
20. FILED 10/12/, 1940 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-, 1940
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	
48	

Other contributory causes of importance:

Name of operation Colostomy Date of August, 1940
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? no 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) Robert H. Simpson, M. D.
(Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ~~or by~~ .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Evan D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia

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

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