

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

Do not use this space.

5389

1. PLACE OF DEATH

County Barry
 Township Washburn
 City Washburn (No. _____) St. _____ Ward _____

Registration District No. 37
 Primary Registration District No. 6241

File No. _____
 Registered No. _____

2. FULL NAME

Mary Susilla Daniels
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 7 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER John P. Harmon
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Martha E. Dwyer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Fred P. Daniels
 (Address) Washburn, Mo.

15. FILED 4/15 29 J.S. Fisher
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1929

17. I HEREBY CERTIFY That I attended deceased from Nov. 23 1928 to Feb. 12 1929 that I last saw her alive on Jan. 31 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hepatitis

132 H 129 B
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Demott Salzer M.D.
 (Address) Cassville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washburn Prairie DATE OF BURIAL Feb 16 1929

20. UNDERTAKER A.L. Burt ADDRESS Cassville, Mo.

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.

1235
 1
 2
 2

