

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Wheaton
City Wheaton (No. _____)

Registration District No. 1168
Primary Registration District No. 3042A

File No. 8437
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wheaton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Harrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	13. NAME <u>James Turner</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Elizabeth Fly</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Groves Patton Rocky Comfort</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cordoba</u> DATE <u>May 23, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Belpa Funeral Home Wheaton Mo</u>	
20. FILED <u>Mar 23, 1933</u> <u>E. Edmondson</u> Registrar	

1X MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to March 21, 1933

I last saw her alive on March 21, 1933. Death is said to have occurred on the date stated above, at 1:00 P. M.

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

Chronic Nephritis
Chronic Mitral Regurgitation
Chronic Cystitis
Senility

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Biopsy 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 Poor
(Signed) Wheaton Mo. M. D.
(Address) _____

