

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.

MAR 6 1935

6121

1. PLACE OF DEATH

County Jameson

Registration District No. 574

Township Lincoln

Primary Registration District No. 0772A

City Jameson

(No. 1)

St. Mo. Ward 1

2. FULL NAME

Bird Mabel Harris

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

George Barker Harris

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

March 16 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

51

11

26

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)

Jameson

FATHER

13. NAME

John D. Horwood

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

Jameson

MOTHER

15. MAIDEN NAME

Alfa Johnson

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

Jameson

17. INFORMANT (ADDRESS)

George Barker Harris

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE Feb 12 1935

19. UNDERTAKER (ADDRESS)

Chas C. Fullrich

20. FILED

Feb 12 1935 Ellis E. Raikes

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb 11 1935 to Feb 12 1935

I last saw him alive on Feb 12 1935 Death is said

to have occurred on the date stated above 6:30 a. m.

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

Angina Pectoris

Date of onset

2/11/35

Other contributory causes of importance:

942

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) Ellis E. Raikes, M. D.

(Address) Jameson Mo

