

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.
36621
File No. _____
Registered No. 175

DECEASED NOV 16 1938

1. PLACE OF DEATH

County Ray 2
Township _____
City Richmond Mo

Registration District No. 744
Primary Registration District No. 3035

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) Ray County Mo (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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Kentucky

13. NAME Alfred Essex

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

15. MAIDEN NAME Sarah Elizabeth Matson

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

17. INFORMANT (ADDRESS) Mr. John W. Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Union Church DATE September 30, 1938

19. UNDERTAKER (ADDRESS) D. W. Mansour Richmond, Missouri

20. FILED 11-1, 1938 Frank B. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Sept 28, 1938
I last saw her alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Chronic Pericarditis
Date of onset _____
Other contributory causes of importance: 90

Advanced Arteriosclerosis

Name of operation _____ 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:
Was it 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? NO
If so, specify _____
(Signed) G. W. Gaines, M. D.
(Address) Richmond, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/14/38