

STATE OF MISSISSIPPI
 DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

JUN 16 1920

Registered No. _____

Sex _____

(If death occurred in a hospital or institution, give the NAME instead of street and number)

1. FULL NAME Christina Harmon

(2) Residence No. Al Green Home in Asbury St. Wash.

(Specify place of death) (If non-resident give city or town and state.)
 Length of residence in city or town where death occurred 3 mos. (If less than 1 yr. in U. S., if of foreign birth? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. Color of Skin White
 5. Single, Married, Widowed or Divorced Married

10. DATE OF DEATH (Month, day and year) May 4 1920

6. If married, widowed or divorced, name of husband or wife John Harmon

11. I HEREBY CERTIFY, That I attended deceased from Apr. 20 1920 to May 4 1920
 that last saw her, alive on May 4 1920
 that death occurred on the date stated above at

7. DATE OF BIRTH (Month, day and year) Apr. 21, 1884

12. CAUSE OF DEATH Cancer of Stomach & Liver

AGE	Years	Months	Days	IS LESS than
	16		27	1 day, hrs. OR min.

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

13. CONTRIBUTORY (Secondary) _____

9. BIRTHPLACE (city or town) (State or country) Ohio

14. Where was death contracted? If not at place of death? _____

10. NAME OF FATHER Wm. Altaffer

15. Did an operation precede death? No Date of _____

11. BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

16. Was there an autopsy? No

12. MAIDEN NAME OF DECEASED Leah Puffer

17. What test confirmed diagnosis? Clinical

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

(Signed) A. H. Beard M. D.
5/14 1920 Address Pioneer, O.

14. Informant Grace Harmon
Frontier Mich.

18. "While the DISEASE CAUSING DEATH, it is known to be a violent disease, such as cholera, or typhoid, or influenza, and so forth, I CERTIFY, that it is a case of _____ (See reverse side for further instructions.)

15. May 9 20 J. M. Edwards

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Frontier, Mich.

20. UNDERTAKER W. H. Voucher

Date of Burial 5/6 1920