

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

PLACE OF DEATH

County Perry  
Township Little Branch Registration District No. 651 File No. 35125  
or  
Village \_\_\_\_\_ Primary Registration District No. 58102 Registered No. 138  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Arthur Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE  MARRIED  WIDOWED  OR DIVORCED   
(Write the word)  
DATE OF BIRTH September 10, 1909  
(Month) (Day) (Year)  
AGE \_\_\_\_\_ yrs. 14 mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) X

BIRTHPLACE (City or town, State or foreign country) Halland  
PARENTS  
NAME OF FATHER George Harris  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Obion Co Tenn  
MAIDEN NAME OF MOTHER Mrs Perry  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Louisville Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Marshal Murch  
(ADDRESS) Halland Mo

Filed Nov 11 1910 B. D. Crowe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10, 1910  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Nov 10<sup>th</sup>, 1910, to four day, 1910,  
that I last saw him alive on Nov 10, 1910,  
and that death occurred, on the date stated above, at 4 P m.  
The CAUSE OF DEATH\* was as follows:  
Diphtheria  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) M. H. H. H. H. H. M. D.  
Nov 10, 1910 (Address) Constitutionville

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Little Branch County DATE OF BURIAL Nov 16, 1910  
UNDERTAKER A. Chaffin ADDRESS C. Wells

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

MARGIN RESERVED FOR BINDING

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.

