

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

1 PLACE OF DEATH  
Callaway.

40188

County .....

Township Fulton.

Registration District No. 104

File No. ....

Village .....

Primary Registration District No. 5757

Registered No. 217

or .....

City .....

(NO. .... St.: .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William Lee Harris.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White. 5 SINGLE MARRIED WIDOWED OR DIVORCED (Child) (Child)  
(Write the word)

6 DATE OF BIRTH ### Apr. 20 1916  
(Month) (Day) (Year)

7 AGE 7 yrs. 7 mos. 25 ds. If LESS than 1 day, .... hrs. or .... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work I Child.  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) MO.

PARENTS 10 NAME OF FATHER Rob't Harris.  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
12 MAIDEN NAME OF MOTHER Jennie Landers.  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) MO.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Robert Harris  
(Address) R.F.D. Fulton Mo

15 Filed 12/25 1916 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 23 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from probab  
Wm A Horn to 191  
that I last saw him alive on 191  
and that death occurred, on the date stated above, at 12.30 m.

The CAUSE OF DEATH\* was as follows:  
Broncho Pneumonia  
(probably)  
9/1  
1916 (Duration) 1-5 yrs. 1-5 mos. 1-5 ds.

CONTRIBUTORY None known  
(Secondary) (Duration) None yrs. None mos. None ds.  
(Signed) J. W. Gary M.D.  
Dec 27 1916 (Address) Fulton Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death None yrs. None mos. None ds. In the State None yrs. None mos. None ds.

Where was disease contracted if not at place of death?  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Old City Cemetery DATE OF BURIAL 12/24 1916  
20 UNDERTAKER E. W. [Signature] ADDRESS Fulton Mo.

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.

