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

Do not use this space. I. L. James. Landers 33255

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 5439 — Registered No. 684
City Springfield (No. R#5 St. Ward)

2. FULL NAME David Paul Harless
(a) Residence. No. R#5 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3-1926

7. AGE: Years 1 — Months 4 — Days 6 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Shelby Harless
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ava Delta Ergenbright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Okla

14. INFORMANT: Shelby Harless
(Address) Springfield, Mo.

15. FILED 4/9, 1927 O C Horst M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1927 to Nov 9, 1927 that I last saw him alive on Nov 9, 1927 and that death occurred, on the date stated above, at 8-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

8 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 8 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) I. L. James M.D.
Nov 9, 1927 (Address) 828 Landers Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greene Lawn Cemetery — DATE OF BURIAL: Nov 10 1927

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: 24 E. Coml Springfield 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.