

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

Do not use this space.

34214

1. PLACE OF DEATH

County Newton Registration District No. 609
 Township Primary Registration District No. 4363
 City Hopkirk (No. St. Ward)

File No.
 Registered No.

2. FULL NAME

Elias Wesley Harris
 (a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13, 1829

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
98 | 8 | 12

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

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
 (STATE OR COUNTRY)

14. INFORMANT Justewart
 (Address) Des Moines Iowa

15. FILED 12/10, 1927 C.E. Maness M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 21 1927 to Nov 24 1927
 that I last saw him alive on Nov 24 1927, and that death occurred, on the date stated above, at 2:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
97 (duration) Several years

CONTRIBUTORY (SECONDARY) J.P. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J.P. Reynolds, M.D.
11/25/1927 (Address) Nebo Mo

*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 Des Moines Iowa DATE OF BURIAL 11/25/1927

20. UNDERTAKER Byham's ADDRESS Nebo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied.

