6 1928

Hy, Tecbron

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

Do not use this space.

3931

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township ~~Fatherine~~ — Primary Registration District No. 3002 — Registered No. 21

City Mexico (No. ..... St. ..... Ward)

2. FULL NAME Clifton Howell 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. 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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Clara Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 28 – 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(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) Audrain Co. Mo.

PARENTS

10. NAME OF FATHER Decatur H. Harris

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

12. MAIDEN NAME OF MOTHER Elizabeth Harris

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

14. INFORMANT Mrs. Clara Harris
(Address) Mexico Mo.

15. FILED Feby 10th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

71

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan ..... 1928, to Feb. 8 1928 that I last saw him alive on Feb. 8 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Liver Cirrosis

124B

11B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Flue

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. F. Toolson, M. D

, 19 (Address) Mexico 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: Mexico Mo.

DATE OF BURIAL: Feb. 10 1928

20. UNDERTAKER: McPheeters Bros.

ADDRESS: Mexico 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.