

R 25 1928

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

Do not use this space.

9512

1. PLACE OF DEATH

County Jefferson Registration District No. 422
Township Central Primary Registration District No. 5577
City (No. _____) _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel E. Harris
(a) Residence No. near Hillside mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Use the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1928

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

I HEREBY CERTIFY, That I attended deceased from Jan 2 1928, to Mar 15 1928
Last saw him alive on Mar 8 1928, and that death occurred, on the date stated above, at 8:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 1881

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81

Diabetes mellitus

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) 59 57 (duration) yrs. 3 mos. ds.

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

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

10. NAME OF FATHER Joseph Harris

DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? usual tests
(Signed) J. M. ..., M. D.
, 19 (Address) Hillside mo

12. MAIDEN NAME OF MOTHER not known

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Edw. J. Johnson
(Address) Hillside mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gen Hillside mo DATE OF BURIAL Mar 19 1928

15. FILED 4/15 1928 Wayman REGISTRAR

20. UNDERTAKER W. B. ... ADDRESS Hillside 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.

