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

Do not use this space.

16547

1928

SL 5

1. PLACE OF DEATH
County: Clay — Registration District No.: 201 — File No.:
Township: Liberty — Primary Registration District No.: 5280 — Registered No.: 54
City: (No. ... St. ... Ward)

2. FULL NAME: Jas Watson Harris
(a) Residence: No. ... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-9-1851

7. AGE: Years 77 — Months 2 — Days 16 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer — Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: I O O F Home Liberty Mo

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

PARENTS
10. NAME OF FATHER: Robert Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unkn

14. INFORMANT (Address): Mrs Lizzie Aker, Avondale, Mo.

15. FILED 6/10/28 19 ... Wm H Goodson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-25-1928

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1928 to May 28, 1928 that I last saw him alive on (47) May 24, 1928, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
162

164

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)
(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) T H Matthews, M. D
5/28, 1928 (Address) Liberty 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: Smithville, Mo. — DATE OF BURIAL: 5-27-1928

20. UNDERTAKER: McComas Undt. Co. — ADDRESS: Smithville, Mo.