

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

Do not use this space.

30179

1. PLACE OF DEATH

County Gasconade Registration District No. 305
Township Carroll Primary Registration District No. 5422
City Waverly (No. 1) St. Ward

File No. 36
Registered No. 36

2. FULL NAME

(a) Residence No. Walter Owell Harris St. Ward
(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.

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) Nov. 11, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 10 21

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Red Bird, Mo.
(STATE OR COUNTRY) William H. Harris

10. NAME OF FATHER William H. Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wrensburg, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Gertrude J. Gose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Red Bird, Mo.
(STATE OR COUNTRY) Gasconade Co, Mo

14. INFORMANT Dr. W. S. Harris
(Address) Wrensburg, Mo.

15. FILED 9-11-28 W. J. Ferrell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 12, 1927 to July 30, 1928
that I last saw him alive on July 14, 1928, and that death occurred, on the date stated above, at Waverly, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Harris M.D.

4-3, 1928 (Address) Wrensburg, 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 DATE OF BURIAL

Wrensburg, Mo. Sept. 5, 1928

20. UNDERTAKER ADDRESS

W. F. Kattenstroder, Wrensburg, 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.

JAN 15 1948