64 [illegible]

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

Do not use this space.

35876

1. PLACE OF DEATH County: Washington Registration District No.: 887
Township: Boston Primary Registration District No.: 6179
City: ..... (No. ....., ... St. ..... Ward)

File No.: .....
Registered No.: 98

2. FULL NAME: Robert Eugene 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: M

4. COLOR OR RACE: W

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): 3/25-1927.

7. AGE: Years 1 | Months 6 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) [redacted]
(STATE OR COUNTRY) Sunlight Mo

PARENTS

10. NAME OF FATHER: F. L. Harris

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

12. MAIDEN NAME OF MOTHER: Mary Gregory

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

14. INFORMANT: F. L. Harris
(Address) Hopewell.

15. FILED 10/21 1928 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/21 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1928, to Oct. 21, 1928 that I last saw him alive on Oct. 21, 1928, and that death occurred, on the date stated above, at 2-45-P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastro-enteritis
11 P.M. | 13 B
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos. L. Thurman, M. D
10/21, 1928 (Address) Potosi, 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: Hopewell.
DATE OF BURIAL: 10/21 1928

20. UNDERTAKER: J. D. Boyer & Son, Potosi Mo.
ADDRESS

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.