JAN 22 1929

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

Do not use this space.

36496

1. PLACE OF DEATH
County: Dallas — Registration District No. 247 — File No.
Township: Wilson — Primary Registration District No. 5343 — Registered No. 12
City: Long Lane (No. ..., ... St. ... Ward)

2. FULL NAME: Robert 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.

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 27, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	66	8		

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: 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): Illinois

PARENTS
10. NAME OF FATHER: John Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): W. Virginia
12. MAIDEN NAME OF MOTHER: Potts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Illinois

14. INFORMANT: Jess Harris
(Address): Long Lane

15. FILED Jan 10 1929 — J. Talbot, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1928, to Nov 27, 1928 that I last saw h. alive on Nov 27, 1928, and that death occurred, on the date stated above, at 8:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia following abscess of Prostate gland
(duration) ... yrs. 0 mos. 30 ds.

CONTRIBUTORY (SECONDARY): Chronic Prostatitis
(duration) 10 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) G. E. Plemmer, M. D
11-28-, 1928 (Address) Buffalo 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
Liberty	11/28/28
20. UNDERTAKER	**ADDRESS**
C. C. Routh & Son	Buffalo Missouri