

29 1928

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

Do not use this space.

37541

1. PLACE OF DEATH

County Macon
Township
City Elmer (No.)

Registration District No. 530
Primary Registration District No. 4316

File No.
Registered No.
St. Ward)

2. FULL NAME

Denver Ediel 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 | 6 | 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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) Mo

10. NAME OF FATHER Carl D Harris

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

12. MAIDEN NAME OF MOTHER Mrs. Mary Buchanan

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

14. INFORMANT T. Lovejoy Buchanan
(Address) South Luffard

15. FILED Dec 5 1928 Florence Patrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1928
17.

I HEREBY CERTIFY, That I attended deceased from 19 Nov, 1928, to 23 Nov, 1928 that I last saw him alive on 25 Nov, 1928, and that death occurred, on the date stated above, at 12-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 8
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W N Guich, M. D.
(Address) Elmer 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 Elmer DATE OF BURIAL 19

20. UNDERTAKER W H McCallum ADDRESS Elmer

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.

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the true and correct owner of the _____ described in the _____ of the County of _____ State of _____ and that the same is subject to a lien in favor of _____ of the County of _____ State of _____ in the amount of _____ Dollars (\$ _____) and interest thereon at the rate of _____ percent per annum from the date of the _____ of the County of _____ State of _____ until the same is paid in full.

WITNESSETH my hand and seal this _____ day of _____ 19____.

DR. _____
COUNTY CLERK

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 530 File No. _____
 Township _____ Primary Registration District No. 4316 Registered No. _____
 City Elmer (No. _____) St. _____ Ward _____

2. FULL NAME

Denver Odell Morris

(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 s (*circle the word*)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) _____ yrs. _____ mos. _____ ds.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____ (duration) _____ yrs. _____ mos. _____ ds.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) mo

10. NAME OF FATHER

Carl S. Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER

Clara Busham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) mo

14.

INFORMANT R. Everett McClanahan
 (Address) South Jeffd. Mo.

15.

FILED Dec 5, 1928 R. Bruce Patrick
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

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) _____, M. D.

, 19 (Address)

*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

Elmer mo Nov 11, 1928

20. UNDERTAKER

ADDRESS

W. H. McCallum Elmer

WITH UNFADING INK... PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. DEATH in plain terms, so that it may be properly classified. DEATH in plain terms, so that it may be properly classified. DEATH in plain terms, so that it may be properly classified. YEARS SHALL NOT RECEIVE A FEE FOR CERTIFICATIONS UNTIL YEARS ARE COMPLETE AS PRESCRIBED BY LAW

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