JAN 28 1929

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

Do not use this space.

42204

1. PLACE OF DEATH

County: Ripley Registration District No.: 750 File No.: 9

Township: Doniphan Primary Registration District No.: 5985 Registered No.: 880

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Frank 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 22 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: Caucasian

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF: Effie Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 24-1906

7. AGE: Years 21 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ripley Co. Mo.

PARENTS

10. NAME OF FATHER: Joe Harris

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

12. MAIDEN NAME OF MOTHER: Lena Everett

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

14. INFORMANT: Joe. Harris (father)
(Address): Doniphan Mo.

15. FILED 1/1, 1929 E B Johnston, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-23, 1928, to 12-1-, 1928 that I last saw h... alive on 12-1-, 1928, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): 1018

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C A Brown, M. D.

12-2, 1928 (Address) Doniphan 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: Shirley Cem. DATE OF BURIAL: 12/2 1928

20. UNDERTAKER: Family. ADDRESS: Doniphan 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.