

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

Do not use this space.

2912

**1. PLACE OF DEATH**

County Phelps  
Township Rolla Mo  
City Rolla Mo

Registration District No. 677  
Primary Registration District No. 4403

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Word \_\_\_\_\_

**2. FULL NAME**

Johnie Galbot Harris

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Word \_\_\_\_\_  
(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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Married

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

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

Oct 19 - 1850

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>5</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Former  
(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)**

Indiana

**10. NAME OF FATHER**

Berrie Harris

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

D. F.

**12. MAIDEN NAME OF MOTHER**

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

D. F.

**14.**

INFORMANT Irving Perry  
(Address) Rolla Mo

**15.**

FILED Jan 26, 1929 Joe F. Ayers REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 24 - 1929

**17.**

HEREBY CERTIFY That I attended deceased from Jan 20, 1929 to Jan 24, 1929 that I last saw her alive on Jan 24, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108 Lobar Pneumonia  
101111 (duration) yrs. mos. ds. 4

**CONTRIBUTORY (SECONDARY)**

none (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) W. F. Mitchell, M. D.

Jan 26, 1929 (Address) Rolla 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**

Rhea Cemetery

**DATE OF BURIAL**

1-26 1929

**20. UNDERTAKER**

Mill + Lichter Rolla 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.

RECORD

