

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

Do not use this space.

6677

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City K.C. Mo. (No. Evangelical Host)

File No. 842
Registered No. 842
St. _____ Ward _____

2. FULL NAME

Claud Harris
(a) Residence No. 1741 Jefferson St. 3 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 <u>M.</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov-26-1886</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>2</u>
	DAY <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Freeman loading</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Wilson's Packers</u>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Mr. L. Harris</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Leura</u>
	12. MAIDEN NAME OF MOTHER <u>Shellie Davis</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Mr. L. Harris
(Address) Blainestown, Mo.

15. FILED 2-29-29 M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-19-1929
17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 19, 1929 that I last saw h. live on Feb 19, 1929, and that death occurred, on the date stated above, at 11:58 AM, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cavernous sinus thrombosis
O.B.B.
_____ (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 74
_____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1741 Jefferson
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 15, 1929

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Spinal puncture
(Signed) A. B. Orites, M. D.
720, 1929 (Address) 205 Minor Bldg.

*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 Blainestown, Mo. DATE OF BURIAL 1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

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.

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Dr. L. E. ...
205 ...
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