

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

Do not use this space.

7271

1. PLACE OF DEATH.
 County Miller Registration District No. 561
 Township Saline Primary Registration District No. 5855 e
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Frank Roland Harris
 (a) Residence No. _____ St. _____ Ward _____
 (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** Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Mary Enlow Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	78	4	15	

8. OCCUPATION OF DECEASED
 (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) Kentucky

10. NAME OF FATHER Robert Harris

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

12. MAIDEN NAME OF MOTHER Malinda

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Not known

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 17, 1929

17.
 I HEREBY CERTIFY That I attended deceased from Feb 14, 1929, to Feb 17, 1929
 that I last saw him alive on Feb 17, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
 (duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. _____ mos. 7 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) H. D. Walker, M. D.
 , 19 (Address) Eldon 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.

14. INFORMANT Roy Starling
 (Address) Eldon, Mo.

15. FILED 3-4 1929 Belle Haynes
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Herman Cem **DATE OF BURIAL** 3-18 1929

20. UNDERTAKER W. A. Phillips **ADDRESS** Eldon, 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.

RECORDED WITH OPAIDING INK—THIS IS A PERMANENT RECORD

66
 1929
 1
 2
 3
 38

