

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

Do not use this space.

10223

**1. PLACE OF DEATH**

County Laclede  
Township Canaan  
City ..... (No. ....)

Registration District No. 305  
Primary Registration District No. 5422

File No. ....  
Registered No. 12  
St. .... Ward)

**2. FULL NAME**

Junita May 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

S.

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

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

12-7-24

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

4

3

12

**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)**

Ovensville

(STATE OR COUNTRY)

Missouri

**10. NAME OF FATHER**

Edw. L. Harris

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

Ovensville

(STATE OR COUNTRY)

Missouri

**12. MAIDEN NAME OF MOTHER**

Glorence E. Harris

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

Nexas

(STATE OR COUNTRY)

**14.**

INFORMANT  
(Address)

Edw. L. Harris  
Ovensville, Mo.

**15.**

FILED 3-20-1929

J. J. Ferrell

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Mar. 19, 1929

**17. I HEREBY CERTIFY, That I attended deceased from**

Mar. 5, 1929, to Mar. 19, 1929  
that I last saw him alive on Mar. 19, 1929, and that death occurred, on the date stated above, at .....

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

97 Hooping Cough  
107 BR

**CONTRIBUTORY (SECONDARY)**

Broncho pneumonia  
(duration) .... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

**19. DID AN OPERATION PRECEDE DEATH? No. DATE OF**

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. H. Matthews, M. D.

3/20/29 (Address) Beaufort 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**

**DATE OF BURIAL**

Ovensville, Mo

3-21-1929

**20. UNDERTAKER**

W. F. Galtmströter

**ADDRESS**

Ovensville  
Mo

