

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

Do not use this space.

11347

1. PLACE OF DEATH

County Linn
Township Adessa mo
City Adessa mo

Registration District No. 464
Primary Registration District No. 4277

File No. 13
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Chas. Herbert 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

negro

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

single

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

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

July 3, 1928

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
0	8	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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)

Adessa mo.

10. NAME OF FATHER

Jos. Harris

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

Adessa mo.

12. MAIDEN NAME OF MOTHER

Mary Thomas

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

Adessa mo.

14.

INFORMANT Jos. Harris
(Address) Adessa mo.

15.

April 10, 1929 R. Schooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 3, 1929

17.

I HEREBY CERTIFY That I attended deceased from March 10, 1929 to March 13, 1929
that I last saw him alive on 3/13/29, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions

CONTRIBUTORY (SECONDARY)

80 (duration) _____ yrs. _____ mos. 3 ds.
Septation (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. Schooley, M. D.
3/14/29 (Address) Adessa 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

Adessa Cem.

DATE OF BURIAL

3/14/29

20. UNDERTAKER

L. C. Newman

ADDRESS

Adessa

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.

20
25
54
8
2

