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

Do not use this space.

13808

MAY 23 1929

1. PLACE OF DEATH
County Bates
Township
City Butler
Registration District No. 50
Primary Registration District No. 3004
File No.
Registered No. 23.
(St. Ward)

2. FULL NAME John 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chackmore
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chackmore
(STATE OR COUNTRY) England

14. INFORMANT Ali Smith
(Address) Butler Mo

15. FILED 4/30, 1929 Nina L Culver
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th 1929, to April 30th 1929 that I last saw ~~him~~ alive on April 30th 1929, and that death occurred, on the date stated above, at 5.00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Edema
82A
111 (B)
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cerebral hemorrhage
(duration) yrs. 2 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. D. La Hue, M. D
4/30, 1929 (Address) Butler, 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 Red Cloud Neb.
DATE OF BURIAL May 2 1929

20. UNDERTAKER Culver's
ADDRESS Butler 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.