

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

Do not use this space.

17248

1128

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No.
St. Ward)

2. FULL NAME

Edward Harris

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pansy Harris</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Don't know</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>-</u>	<u>-</u>	<u>-</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>teamster</u>				
(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) <u>Kentucky</u>				
PARENTS	10. NAME OF FATHER <u>Henry Harris</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	12. MAIDEN NAME OF MOTHER <u>Patsy Morton</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Missouri</u>				
14. INFORMANT <u>Patsy Morton</u> (Address) <u>Columbia Mo.</u>				
15. FILED <u>5-29</u> , 19 <u>29</u> <u>Beatrice Quoba</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-13-1929

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1928, to May 13, 1929
that I last saw him alive on May 12, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92% Mitral Insufficiency
(duration) 1 1/2 yrs. 6 mos. 0 ds.

CONTRIBUTORY none
(SECONDARY) (duration) yrs. mos. 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) D. O. Moore M. D.

5-16 .1929 (Address) 915 1/2 B. Hwy

*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

Columbia Missouri 5-16-1929

20. UNDERTAKER ADDRESS

Stuart P. Parker Columbia Mo.

WRITE PROMPTLY, WITH FADING INK---THIS IS A PERMANENT RECORD

10
24
33
8
104
2
31
1

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.

