

24 1929

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

Do not use this space.

27333

1. PLACE OF DEATH

County Cassford Registration District No. 231
Township 217 Primary Registration District No. 4141
City Shelville (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Arthur Garfield 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9 - 1909

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.
19 7 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor
(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) Cassford Co Mo

10. NAME OF FATHER Walter Harris

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

12. MAIDEN NAME OF MOTHER Rudie Butte

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

14. INFORMANT (Address) Henry Butte
Shelville Mo

15. FILED 8-31-29 W. R. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/4 1929

17. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at, 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Wall Strained

183 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? DATE OF 8/4-29

WAS THERE AN AUTOPSY? No

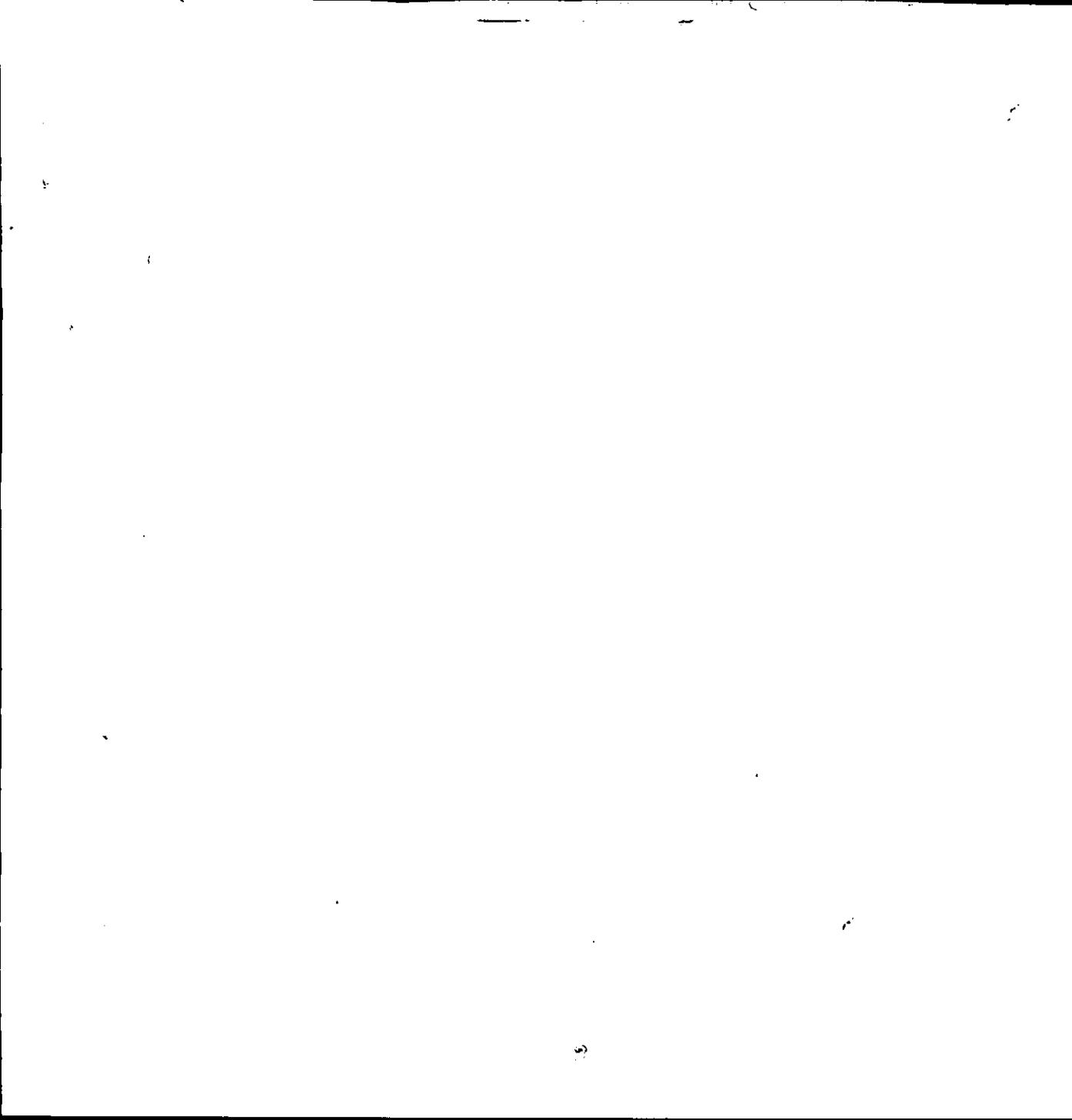
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carone Henry M. Bond, M.D.
, 19 (Address) Shelville 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
Keysville Cemetery 8/7-1929

20. UNDERTAKER ADDRESS
L. J. Jones Shelville Mo



S-27333