

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

Do not use this space.

39269-a

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1. PLACE OF DEATH

County Jackson
Township One a box
City (No.)

Registration District No. 395
Primary Registration District No. 5911a

File No.
Registered No.
St. Ward

2. FULL NAME

Josiah W Harris
(a) Residence No. Bluesprings St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11-1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>86</u>	<u>8</u>	<u>25</u>		

8. OCCUPATION OF DECEASED Farmer
(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) Jackson mo
(STATE OR COUNTRY)

10. NAME OF FATHER Eliam Harris

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

12. MAIDEN NAME OF MOTHER Slaughter

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

14. INFORMANT Everett Harris
(Address) Bluesprings, mo

15. FILED 2/10/31 F. W. S. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1930 to Dec 6, 1930, that I last saw him alive on Dec 5, 1930, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Prostate gland
57C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. yes

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. M. Johnston, M. D.
Dec 6, 1930 (Address) Brain Valley

*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 Bluesprings DATE OF BURIAL 12-8 1930

20. UNDERTAKER W. B. Webb Bluesprings ADDRESS 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.

