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

Do not use this space.

1. PLACE OF DEATH
County: Clark
Township: Jackson
City: (No. ..... St. ..... Ward)

Registration District No. 190
Primary Registration District No. 5274

File No. 560
Registered No. 2

2. FULL NAME: Frank Oliver 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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 16, 1855

7. AGE: Years 75 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Barry
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Jesse Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Rachel Rush
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: Mrs. Wm. D. Bash
(Address): R.R. Kahoka Mo

15. FILED: 1/4 1931 J. P. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3. 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to Jan 3, 1931, that I last saw he alive on Jan 3, 1931, and that death occurred, on the date stated above, at 12:05 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural Regurgitation
(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 0
(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) J. Meyer, M. D.
1/4, 1931 (Address) Wayland 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: St Patrick Cem
DATE OF BURIAL: 1/4 1931

20. UNDERTAKER: Fred J. Karle
ADDRESS: Kahoka 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD