

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

Do not use this space.  
**17164**

**85**

**1. PLACE OF DEATH**  
 County Buchanan Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. No. Mo. Methodist Hos. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Richard Thomas Harris

(a) Residence, No. 916 Edmond 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.

File No. \_\_\_\_\_  
 Registered No. 506  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Infant (write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_ 2

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 25, 1931

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
	0	0	14	

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** none

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** \_\_\_\_\_

**10. Date deceased last worked at this occupation (month and year)** \_\_\_\_\_

**11. Total time (years) spent in this occupation** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Joseph, Mo.

**13. NAME** Calarence Harris

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Darlington, Mississippi

**15. MAIDEN NAME** Mary Cross

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Marionville, Missouri

**17. INFORMANT** Calarence Harris  
 (ADDRESS) St. Joseph, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Memorial Park DATE May 9, 1931

**19. UNDERTAKER** Sleeman's Funeral Home  
 (ADDRESS) St. Joseph, Missouri

**20. FILED** 5-11-31 19 John P. Beader  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 9, 1931

**22. I HEREBY CERTIFY, That I attended deceased from** May 1, 1931 to May 9, 1931  
 I last saw him alive on May 8, 1931. Death is said to have occurred on the date stated above, at 5:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Marasmus  
Pyloric Stenosis  
 Date of onset May 1 birth

Other contributory causes of importance:  
157/10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** no  
 If so, specify \_\_\_\_\_  
 (Signed) W. Roger Moore, M. D.  
 (Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 24 1931

