

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

Do not use this space.

28115

1. PLACE OF DEATH

County Howard,
Township Fayette,
City Fayette, (No., St. Ward)

Registration District No. 878
Primary Registration District No. 4222

File No.
Registered No. 62

2. FULL NAME Lyda Elia Harris,

(a) Residence, No. 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 Female, 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 / 15 / 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Missouri.

13. NAME Jowel Jeffries,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

15. MAIDEN NAME Cynthia Ann Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

17. INFORMANT (ADDRESS) Tom Grigsby Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 8 6 / 1931, 19...

19. UNDERTAKER (ADDRESS) Guy T. Halley, Fayette, Mo.

20. FILED Aug. 10, 1931 V. C. Burkham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 5 31, 19...

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1931 to 8-5-31, 19...

I last saw him alive on 8-5-31, 1931. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8-3-31
131
102

Other contributory causes of importance:
Chronic Hypertension 1925
Jeffries

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

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) Ira Bloom, M. D.
(Address) Fayette, 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.

AUG 26 1931

