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.

NOV 28 1931

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

Do not use this space.

1. PLACE OF DEATH
County: Scott
Township: Sylvania
City: (No. ..... St. ..... Ward)
Registration District No.: 819
Primary Registration District No.: 4495
File No.: 33308
Registered No.:

2. FULL NAME: Killar Lee Harris
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 14 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day ..... hrs. or ..... min.
1	6	6	

8. OCCUPATION OF DECEASED
(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) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Killar Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ark.
12. MAIDEN NAME OF MOTHER: Alice Appleberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark

14. INFORMANT (Address): Killar Harris, Paintown Mo

15. FILED 10/8, 1931 Mrs. S. D. Harris, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/20 1931

17. I HEREBY CERTIFY, That I attended deceased from 9/17, 1931, to 9/20, 1931, that I last saw him alive on 9/17, 1931, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Entero Colitis
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): 14
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) J A Cline, M. D
, 19 (Address) Oran 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: [illegible] Cemetery
DATE OF BURIAL: Sept 21st 1931

20. UNDERTAKER: C D McGuyton
ADDRESS: Morley Mo