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

Do not use this space.

40564

1. PLACE OF DEATH
County Dunklin
Township Independence
City Kennett (No. ..... , ... St. ..... Ward)

Registration District No. 288
Primary Registration District No. 4172

File No. .....
Registered No. .....

2. FULL NAME Gerald W. 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 M
4. COLOR OR RACE White
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) Feb 8 - 1931

7. AGE YEARS MONTHS 10 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Kennett Mo

FATHER
13. NAME Earl Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

MOTHER
15. MAIDEN NAME Myrtle Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo

17. INFORMANT (ADDRESS) Earl Harris Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gregory DATE 12/17 1931

19. UNDERTAKER (ADDRESS) Baldwin Und Co. Kennett, Mo

20. FILED 12/17 1931 Phyllis Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931, to Dec 16, 1931
I last saw him alive on Dec 16, 1931. Death is said to have occurred on the date stated above, at 1:25 P.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 12-10-31
107A
106A
107A

Other contributory causes of importance:
Bad cold infection of upper respiratory tract.

Name of operation — 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? —
If so, specify —
(Signed) Paul Baldwin, M. D.
(Address) Kennett, 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.

JAN 20 1931