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 1932

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

Do not use this space.

555

1. PLACE OF DEATH

27 County Cooper. Registration District No. 218 File No. 1

2 Township Primary Registration District No. 3015 Registered No. 218

4 City Boonville (No. , St. Ward)

2. FULL NAME Infant of Mr. & Mrs. Jessie 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: Black

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) Jan. 1" 1932.

7. AGE: YEARS | MONTHS | DAYS 2 | 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) Boonville Mo.

FATHER

13. NAME Jesse Harris.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.

MOTHER

15. MAIDEN NAME Carrie Scott.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Mo.

17. INFORMANT (ADDRESS) Mrs. Jesse Harris. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan. 5" 1932 Boonville Mo.

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED Jan 4 - 1932 G A Russell Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3" 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 2 - 1932, to Jan - 3 - 1932

I last saw him alive on Jan 6, 1932 Death is said to have occurred on the date stated above, at 7A m.

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

Blood poisoning — from faulty umbilical dressing.

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16 D

Date of onset

Other contributory causes of importance: Probably Syphilitic

Name of operation none Date of

What test confirmed diagnosis? Clinical 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 (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) G. A. Russell, M. D.

(Address) Boonville Mo