

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

Do not use this space.

1308

**1. PLACE OF DEATH**

County Jackson Registration District No. 2602  
 Township Jaw Primary Registration District No. 2602  
 City Jackson City (No. 5601634th St.)

File No. \_\_\_\_\_  
 Registered No. 313  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thos. Allen Harris  
 (a) Residence, No. 5601634th St. 14th 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 <u>m</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21 - 1865</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>3</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Corn labor.</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>237</u>
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) mo 1

13. NAME Riley Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn 2

15. MAIDEN NAME Nette Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1

17. INFORMANT Alice Wellard + Myrtle Mayo  
 (ADDRESS) 1207 E 23rd

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Vala Maus DATE Jan. 30 1932

19. UNDERTAKER Watkins Bros  
 (ADDRESS) 1729 Lyden

20. FILED Jan 29 1932 M. M. Crowe  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1932, to Jan 27, 1932.  
 I last saw him alive on Jan 27, 1932. Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:  
United Papaveratum Date of onset ?  
926 g...  
135 g...  
 Other contributory causes of importance:  
Acute diffuse nephritis

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) M. C. Lewis, M. D.  
 (Address) 226 Lincoln Bldg

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.

M. C. Lewis