

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

Do not use this space.

8993

1. PLACE OF DEATH
 52 County Rio Registration District No. 439
 Township Grunsbury Primary Registration District No. 5596
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John S. 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** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 "1851"

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	81	-	26	

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

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) Ky. 2

FATHER
13. NAME John Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Mary Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. J. S. Harris
 (ADDRESS) Baring, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Ridge DATE 3/25 1932

19. UNDERTAKER J. P. Early
 (ADDRESS) Baring, Mo.

20. FILED May 10 1932 Edward Early
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Mar. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18 1932 to Mar. 23 1932
 I last saw him alive on Mar. 23 1932. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of face
52
Three years duration
 Other contributory causes of importance:
52 (3)

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? no
 If so, specify _____
 (Signed) C. M. Whitacre M. D.
 (Address) Baring, 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. MAY 25 1932

