

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

Do not use this space.

13442

1. PLACE OF DEATH

78 County Demiseat Registration District No. 691
Township Little Prairie Primary Registration District No. 8862
City (No.) St. Ward

File No.
Registered No. 57
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-8-1875</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. min. <u> </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 11, 1932</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>		
FATHER	13. NAME <u>A. J. Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>	
MOTHER	15. MAIDEN NAME <u>Tilda Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>	
17. INFORMANT <u>J. H. Harris</u> (ADDRESS) <u>Aruthersville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cherry Ridge</u> DATE <u>4-19-32</u>		
19. UNDERTAKER <u>J. H. Smith</u> (ADDRESS) <u>Aruthersville, Mo.</u>		
20. FILED <u>April 21, 1932</u> <u>Ada Martin</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1932 to Feb. 19, 1932
I last saw him alive on Feb. 18, 1932 Death is said to have occurred on the date stated above, at 1:35 A.M.
The principal cause of death and related causes of importance were as follows:
Nephritis Chronic Interstitial Date of onset
131 131
Other contributory causes of importance: ①

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) J. W. Shipper, M. D.
(Address) Aruthersville, Mo.

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.

MAY 26 1932

