

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.

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

Do not use this space.

16157

1950

1. PLACE OF DEATH

County Jackson
Township Jaw
City H.A. (No. Research Camp)

Registration District No. 399
Primary Registration District No. 1002

File No. 1950
Registered No. _____
St. _____ Ward _____

2. FULL NAME Sybil M. Harris

(a) Residence, No. _____ St. _____
(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.

Ward Warrensburg, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) April 7 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
17 1 7

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. Student
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) Warrensburg, Mo.

13. NAME Tom Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pella, Mo.

15. MAIDEN NAME Suggie McKelam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden, Mo.

17. INFORMANT (ADDRESS) Tom Harris, Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo.

19. UNDERTAKER (ADDRESS) Sweeney-Phillips, Warrensburg, Mo.

20. FILED 5/14 1937 M. M. Clowe
asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14 1937

22. I HEREBY CERTIFY, That I attended deceased from Sat 5-9 1937 to Sat 5-14 1937

I last saw him alive on 5-14 1937 Death is said to have occurred on the date stated above, at 3:00 P. m.

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

Myocardial infarction
1450
144B
36
Other contributory causes of importance:
Retention of Placenta
a thrombosis

Name of operation Removal of Placenta Date of 5-9-37
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (1) 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) Richard L. Johnson, M. D.
(Address) 1316 Popperwood Realty

