

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

Do not use this space.

17007

1. PLACE OF DEATH

78 County Remiscot Registration District No. 656
 3 Township Cooter Primary Registration District No. 5873
 1 City " (No. " St. " Ward ")

File No. 17007
 Registered No. 25

2. FULL NAME Mrs Dixie Harris

(a) Residence, No. " St. " Ward. "
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. A. Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1888</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hwf</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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) <u>Gibson Co Tennessee</u>		
FATHER	13. NAME <u>Harve Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middle Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Canvas James</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>J. A. Taylor</u> <u>Cardwell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Upper Cooter Cem</u> DATE <u>5/16</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>German Undt Co</u> <u>Steele Mo</u>		
20. FILED <u>June 9</u> 19 <u>32</u> <u>W. Harris</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1931, to May 14 1932
 I last saw h. or alive on May 14 1932 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:
Curcuma of Stomach Date of onset 4 1/2
46 B
 Other contributory causes of importance:
(D)

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?.....
 If so, specify no
 (Signed) J. Cooper, M. D.
 (Address) Cooter 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.

JUN 24 1932

