

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

Do not use this space.

19072

1. PLACE OF DEATH
 2 7 County Cooper Registration District No. 218
 2 Township Cooper Primary Registration District No. 3015
 4 City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME J. S. Harris
 (a) Residence, No. 721-6th St. 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.

File No. 63
 Registered No. 218 63

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Dec. 1931 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pisgah, Cooper Co. Mo.

13. NAME Wm. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

15. MAIDEN NAME Nancy Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Porter Harris, 721-6th St. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pisgah Cem. Cooper Co. Mo. DATE June 12th 1932

19. UNDERTAKER (ADDRESS) Schultz Warhuff, Boonville Mo.

20. FILED June 11, 1932 J. A. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 1932

22. I HEREBY CERTIFY, that I attended deceased from April 7, 1932, to June 11, 1932. I last saw him alive on June 11, 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Stroke Paralysis
82D
162
Stroke

Other contributory causes of importance: Senility

Name of operation none 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? no 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. S. McGuire, M. D.
 (Address) Boonville 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.

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