

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

Do not use this space.

28910

**1. PLACE OF DEATH**

County DeWitt  
Township Ala.  
City Marion (No. 1)

Registration District No. 287  
Primary Registration District No. 5405-

File No. W 3  
Registered No. W 3  
St. Mo. Ward

**2. FULL NAME**

(a) Residence, No. Lloyd Foster Harris St. Mo. Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	9	3	18	

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.  
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) Mo

13. NAME Lloyd Harris

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

15. MAIDEN NAME Essie Pattillo

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

17. INFORMANT (ADDRESS) Lloyd Harris

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Sept. 4 32

19. UNDERTAKER (ADDRESS) Baldwin M. B. - Marionville, Mo

20. FILED Sept 21 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 to Sept 4 1932  
I last saw him alive on Feb 3 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Typhoid fever Base of onset 8/16

Other contributory causes of importance: Prepared Thrombocytopenic purpura

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 E. G. Asst. Surg. Gen. (Signed) \_\_\_\_\_, M. D.  
(Address) Marionville, 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.

WHITE PAPER, WITH UNFOLDING TABS—THIS IS A PERMANENT RECORD

