

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.

1. PLACE OF DEATH

County Richman
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 309 Blake St.)

File No. 34813
Registered No. 11173
St. _____ Ward _____

2. FULL NAME James Harris

(a) Residence, No. 309 Blake 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1860

7. AGE YEARS 72 MONTHS unknown DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Gravity (STATE OR COUNTRY) Iowa

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Fherman Lofts (ADDRESS) 309 Blake St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Nov. 12, 1932

19. UNDERTAKER Fred G. Clark (ADDRESS) 3025 King Hill Ave.

20. FILED 11-12 1932 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932 to Nov 10, 1932

I last saw him alive on Nov 6, 1932. Death is said to have occurred on the date stated above, at 6:02 m.

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

chronic nephritis
131 / 31
Other contributory causes of importance: 0

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Festus J. Anderson, M. D.
(Address) 216 1/2 W. No. Ave.

