413 Holland Camp or [illegible]

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

Do not use this space.

5353

1. PLACE OF DEATH
County Greene — Registration District No. 317
Township Wilson — Primary Registration District No. 5442
City Brookline R.F.D. No. R#2 St. Ward)

File No.
Registered No.

2. FULL NAME John W. Harris
(a) Residence, No. Brookline St., R#2 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1876

7. AGE Years 56 Months 7 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. On Farm
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.

FATHER
13. NAME M. T. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Cynthia Smiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Forrest M. Harris Brookline, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Cemetery DATE Feb. 16 1933

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co Springfield, Mo.

20. FILED 2-16 1933 V. W. Shaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Feb 13, 1933
I last saw him alive on Feb 13, 1933. Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
11A Influenzal Pneumonia	Feb 9
18A	
11W	

Other contributory causes of importance:

Abcess Brain Metastatic	Feb 11

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? 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) Francis B. Kamp, M. D.
(Address) 413 Holland Bldg.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD JUL 28 1933

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.