

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan Registration District No. 85
 5 Township St Joseph Primary Registration District No. 1001
 9 City St Joseph (No. State Hosp # 2) St. _____ Ward _____

File No. 8590

Registered No. 311

2. FULL NAME

Henry E. Harris
 (a) Residence, No. Riverswood Mo St. _____ Ward Riverswood Mo
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>5</u>	<u>7</u>	

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) (STATE OR COUNTRY) Carnell Mo

13. NAME Samuel Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? unknown unknown

15. MAIDEN NAME ? unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? unknown unknown

17. INFORMANT Ben Harris (son) (ADDRESS) Riverswood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapard Cem DATE 3-18-33

19. UNDERTAKER Newton Long (ADDRESS) Riverswood Mo

20. FILED 3-18-33 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11th 1926 to March 18, 1933
 I last saw h. alive on March 18th 1933. Death is said to have occurred on the date stated above, at 10:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Bronchitis pneumonia
107A
107A
 Other contributory causes of importance: Senility
 Date of onset 7 days

23. Name of operation _____ 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) J. A. Bunch M. D.
 (Address) State Hosp # 2

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.

APR 21 1933

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