

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

Do not use this space.

14138

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No., St. Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 115 St. Ward)

2. FULL NAME

(a) Residence, No. W. Broadway 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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) doubt no year 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 61 doubt no doubt no

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (month and year) x 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hayayette Co Mo (STATE OR COUNTRY)

13. NAME Alford Harris

14. BIRTHPLACE (CITY OR TOWN) doubt no (STATE OR COUNTRY) doubt no

15. MAIDEN NAME Sallie Cordor

16. BIRTHPLACE (CITY OR TOWN) doubt no (STATE OR COUNTRY) doubt no

17. INFORMANT Tusindia Johnson (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE April 25 1933

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia

20. FILED 4-25 1933 J. J. Tate Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from January, 1933, to 4-22 - 1933
I last saw him alive on 4-22 - 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

13!
acute myocarditis
Other contributory causes of importance
Cholera

Name of operation Date of
What test confirmed diagnosis? Ammonia test 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?
If so, specify

(Signed) A. R. Maddox, M. D.
(Address) 116 1/2 W. Main

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 22 1933

