

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

Do not use this space.

16410

1. PLACE OF DEATH

County Jackson
Township Port Craig
City Buckner (No.)

Registration District No. 396
Primary Registration District No. 4233

File No.
Registered No. 14
St. Ward)

2. FULL NAME Robert A. Harra

(a) Residence, No. St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Lollie G. Harra OR WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Jackson County Missouri

13. NAME George H. Harra

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

17. INFORMANT (ADDRESS) Mrs. Lollie Harra Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner DATE May 5, 1933

19. UNDERTAKER (ADDRESS) German M. Reppert Buckner

20. FILED 6.1.19 1933 N. H. Hargrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1933, to May 3, 1933. I last saw him alive on May 3, 1933. Death is said to have occurred on the date stated above, at 8:30 am.

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

mitral Regurgitation
9 1/2
97

Date of onset 15 mo.
Pneumonia
5 death

Other contributory causes of importance: X

Name of operation none Date of X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1933

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. W. Robertson, M. D.
(Address) Buckner Mo.

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.

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