

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

Do not use this space
25643

1. PLACE OF DEATH

County Buchanan Registration District No. 80
Township Wesmont Primary Registration District No. 3-20
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Evans N. Harris

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 26, 1867</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>8</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Station Agent</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railway</u>		11. Total time (years) spent in this occupation <u>37 years</u>
10. Date deceased last worked at this occupation (month and year) <u>1931</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co., Mo.</u>		
13. NAME <u>Ransom Harris</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
15. MAIDEN NAME <u>Julia Finch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT (ADDRESS) <u>Mrs Anna Harris</u> <u>Frazier</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frazier Cem.</u> DATE <u>Aug 20, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Sullins</u> <u>Jeweler</u>		
20. FILED <u>Aug 18, 1933</u> <u>Mrs. Lucy Powell</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17- 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15th 1929 to 8-17 1933
I last saw him alive on 8-12- 1930. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
myocarditis
93D 9301
Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis?

Was there an autopsy? no

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

Where did injury occur? Frazier, Mo. (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) J. C. Starke M. D.
(Address) Frazier, Mo.

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.

WRITE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

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