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

Do not use this space.
27230

1. PLACE OF DEATH
County: Pemiscot
Township: Cooter
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 656
Primary Registration District No. 5873
File No. .....
Registered No. 39

2. FULL NAME: J. A. 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 8 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: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

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

7. AGE: Years 65 | Months May | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Dyersburg
(STATE OR COUNTRY): Dyer County

PARENTS
10. NAME OF FATHER: Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dyersburg
(STATE OR COUNTRY): Dyer County
12. MAIDEN NAME OF MOTHER: Sarah Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dyersburg
(STATE OR COUNTRY): Dyer County

14. INFORMANT: Chesley Tayler
(Address): Cooter Mo

15. FILED Aug 9 1933 A. Larrison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-3 1933

17. I HEREBY CERTIFY, That I attended deceased from 8-1, 1933, to 8-3, 1933, that I last saw him alive on 8-1, 1933 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of face
(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Cooter, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF Aug 2 1933
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray
(Signed) L. E. Cooper, M. D.
8-5-, 1933 (Address) Cooter, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: mt Zion cem
DATE OF BURIAL: 8-4 1933

20. UNDERTAKER: Gurman undt Co
ADDRESS: Steele Mo.

AUG 28 1933

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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot
Township: Cooter
City: " (No. ..., ..., St. ..., Ward)
Registration District No. 656
Primary Registration District No. 5825
File No.
Registered No.

2. FULL NAME: J. A. Harris
(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 8 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6 - 1868

7. AGE: YEARS 65 | MONTHS | DAYS | 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.
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): Dyersburg Tenn

FATHER
13. NAME: Willi Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dyersburg Tenn

MOTHER
15. MAIDEN NAME: Sarah Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dyersburg Tenn

17. INFORMANT (ADDRESS): Chester Taylor Cooter Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mound Grove Cem DATE: 8-4, 1933

19. UNDERTAKER (ADDRESS): Duncan Undt Co Steele Mo

20. FILED: Aug 9, 1933 A. Harrison, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8 - 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8 - 1, 1933, to 8 - 3, 1933
I last saw him alive on 8 - 1, 1933. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? X Ray 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? Cooter 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. E. Cooper, M. D.
(Address) Cooter Mo

S-27230