

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

Do not use this space.

27230

1. PLACE OF DEATH

County Permisent Registration District No. 656 File No. _____
 Township Carter Primary Registration District No. 5873 Registered No. 39
 City _____ (No. _____) St. _____ Ward _____

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 MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 May 6

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

10. NAME OF FATHER Walter 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 Taylor
 (Address) Carter Mo

15. FILED Aug 9 1933 W Harrison
 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 Exeter, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF Aug 2 1933

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS X Ray
 (Signed) J. E. Cooper, M. D.
8-5-1933 (Address) Carter, 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 Lion Cem DATE OF BURIAL 8-4 1933

20. UNDERTAKER German mndt co ADDRESS Stale Mo

AUG 26 1933

10X

PARENTS

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both primary and secondary sources, as well as the specific techniques employed for data processing and statistical analysis.

The third section provides a comprehensive overview of the results obtained from the study. It highlights the key findings and discusses their implications for the field. The author also addresses any limitations of the study and suggests areas for future research.

Finally, the document concludes with a summary of the main points and a statement of the author's conclusions. It reiterates the significance of the findings and the need for continued research in this area.

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1. PLACE OF DEATH

County Cooper
Township Cooper
City Cooper (No. _____)

Registration District No. 656
Primary Registration District No. 5875

File No. _____
Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>NO</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1868</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>10</u>
	DAYS <u>10</u>	IF LESS than 1 day, . hrs. or . min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Wyersburg Tenn</u>		
FATHER	13. NAME <u>Willie Larris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wyersburg Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wyersburg Tenn</u>	
17. INFORMANT (ADDRESS) <u>Clayton Taylor Cooper Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Zion Church 8-4-33</u>		
19. UNDERTAKER (ADDRESS) <u>Johnson, Nudt Leo 5 Hill Mo</u>		
20. FILED <u>Aug 9 1933</u> <u>W. Harrison</u> 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:
Cerebrum of face
Date of onset _____

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? Cooper 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) Cooper Mo

S-27230