

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

Do not use this space.

27291

1. PLACE OF DEATH
 81 County Phelps Registration District No. 677 File No. _____
 Township Rolla Primary Registration District No. 4403 Registered No. 73
 2 City Rolla Highway 63 - 6 mi South (Ward) _____
 4 Full Name Ralph B. Harris Ward. _____
 (a) Residence, No. _____ (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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 5 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 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) Danvers W. Va.
 13. NAME W. B. Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danvers W. Va.

MOTHER
 15. MAIDEN NAME Mary Patterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash. Wash.

17. INFORMANT Max R. B. Harris
 (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE East Lawn DATE Aug 17, 1933

19. UNDERTAKER W. H. & Son
 (ADDRESS) Rolla Mo

20. FILED Aug 16, 1933 Joe F. Ayers
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____
 I last saw him alive on Wed Aug 14, 1933. Death is said to have occurred on the date stated above, at 9:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Fell from a moving truck
crushing the skull
 Other contributory causes of importance:
on highway 63 about 6 miles south of Rolla
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. & Son
 (Address) Rolla Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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