

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.

P. E. S.

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

Do not use this space.

37159

PLACE OF DEATH
 County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 3074 Registered No. 325
 City Hannibal (No. Court House Hannibal Mo. St. 2 Ward)

FULL NAME Joseph E. Harris
 (a) Residence, No. 515 N. 7th St. 2nd Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 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>male</u>	4. COLOR OR RACE <u>White</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>Ida Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 - 1887</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>
	DAYS <u>2</u>	IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Marion Co. Mo.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov. 12/33</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
13. NAME <u>Rice Harris</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME " "		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "		
17. INFORMANT <u>Ida Harris</u> (ADDRESS) <u>Hannibal Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul Cemetery Nov. 15 - 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Day & Petyant</u> <u>Hannibal Mo.</u>		
20. FILED <u>Nov 16 1933</u> <u>R. H. Croston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. Grand dead
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:
Gun shot wounds Date of onset

Other contributory causes of importance:
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Name of operation _____ 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? _____ Date of injury: 11/12, 1933
 Where did injury occur? Hannibal, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Marion Co. Court House
 Manner of injury Shot himself with pistol, bullet
 Nature of injury entered near left temple & came out in middle of skull

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify: While pursuing while at work

(Signed) Carl E. Rhymer
 (Address) Hannibal, Mo.
Coroner, Marion Co., Mo.

JAN 4 1934

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