

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

Do not use this space.

204

85

340

**1. PLACE OF DEATH**

County Buchanan Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. State Hospital #2.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 17

**2. FULL NAME** Theodosia Harris

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Cosby Mo  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 17, 1913

**7. AGE** YEARS: 20 MONTHS: 8 DAYS: 27 If LESS than 1 day, \_\_\_\_ hrs. \_\_\_\_ min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Nil  
**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)** Andrew Co. Mo

**13. NAME** Theodore Harris

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Andrew Co. Mo

**15. MAIDEN NAME** Vivie Gallaher

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Michigan

**17. INFORMANT (ADDRESS)** Records, State Hosp St. Joseph Mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Oak Ridge Cemetery DATE Jan. 6, 1934

**19. UNDERTAKER (ADDRESS)** Walker Merchhoff 1302 Taraon St. St. Joseph, Mo.

**20. FILED** 1-5-34 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 4, 1934

**22. I HEREBY CERTIFY, That I attended deceased from** Oct 10, 1932, to Jan 4, 1934

I last saw him alive on Jan 3, 1934. Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23A  
Nov 9-1933  
 Other contributory causes of importance:  
23

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 \_\_\_\_\_, 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?** No  
 If so, specify \_\_\_\_\_  
 (Signed) W. Patton Smith, M. D.  
 (Address) State Hosp #2 St. Joseph 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.

DEATH RECORD

5-9

22

