

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No. 5289
Township Prairie Primary Registration District No. 5553B Registered No. 26
City Little River, Mo. Jackson W. Home St. _____ Ward)

2. FULL NAME

Jessie Harris
(a) Residence, No. 419 W. St. Charles, Mo. Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)
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 male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married sub.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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) Va.

MOTHER FATHER
13. NAME Went Knover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Went Knover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Esrael Cooper
(ADDRESS) 419 W. St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL Independent
PLACE DATE 2-7-34

19. UNDERTAKER Flynn & Greenstreet
(ADDRESS) W. C. Flynn

20. FILER Feb. 6, 1934 William J. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-34 10:12 a.m. 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 30th 1934 to Feb 4 - 1934
I last saw him alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 10:12 a.m.
The principal cause of death and related causes of importance were as follows:

Heart & Kidney Insufficiency
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination 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. Booker M. D.
(Address) 2025 - Vine (off. in)

