

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

Do not use this space.

1. PLACE OF DEATH

County Hawley

Registration District No. 384

File No. 8754

Township West Plains, Mo.

Primary Registration District No. 4227

Registered No. _____

City West Plains, Mo.

St. _____ Ward _____

2. FULL NAME

Geo. Franklin Harris
Caulfield, Mo.

(a) Residence, No. _____

St. _____

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 ma. 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 Maude Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1886

7. AGE YEARS 47- MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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) Rockcastle Co., Kentucky

13. NAME Henry Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Mary Yeak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turnersville, Tenn.

17. INFORMANT (ADDRESS) Mrs. Maude Harris, Caulfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chipp DATE 3/17-1934

19. UNDERTAKER (ADDRESS) Robertson Mortuary, West Plains, Mo.

20. FILED 3-17 1934 Lida N. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16- 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar-16- 1934 to Mar 16 1934

I last saw him alive on Mar 16 Death is said to have occurred on the date stated above, at 4:00 P m.

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

Accidental Traumatism
Boiler explosion
2:05 M

Other contributory causes of importance: 2:05 M

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

(Signed) J. D. Green M. D. (Address) West Plains, 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.

WRITE PLAINLY, WITH CAPITAL LETTERS

