

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

Do not use this space.

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.

AUG 16 1934

1. PLACE OF DEATH

County Bollinger Registration District No. 67
Township Liberth Primary Registration District No. 8704
City (No. _____) St. _____ Ward _____

File No. 19456
Registered No. 19

2. FULL NAME

(a) Residence, No. _____ 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie May Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner
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) 7-20 11. Total time (years) spent in this occupation 15 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Robert Harris

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

15. MAIDEN NAME Ellen Trull

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

17. INFORMANT Lillie May Harris (ADDRESS) Advocate 24

18. BURIAL, CREMATION, OR REMOVAL PLACE Boyzala DATE June 20, 1934

19. UNDERTAKER Estell Newell (ADDRESS) Advocate 24

20. FILED July 30, 1934 C. Sander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY That I attended deceased from 1930, 19 , to June 19, 1934

I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:
234

Tuberculosis of Lungs

Other contributory causes of importance:
237

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) A. T. Kirkpatrick, M. D.
(Address) Boyzala Mo

