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

Do not use this space.

21073

1. PLACE OF DEATH
County: Linn — Registration District No. 502 — File No.
Township: — Primary Registration District No. 4305 — Registered No. 19
City: Marceline (No. Memorial Hospital St. Ward)

2. FULL NAME: Harvey B. Harris

(a) Residence, No. 7 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Winifred Pool Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 1904

7. AGE: Years 30 — Months 4 — Days 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
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.: coal
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): Novinger Mo

FATHER
13. NAME: William Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Addie Sudoot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callao Mo

17. INFORMANT (ADDRESS): Mrs Addie Blair Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Oakwood Cem Bruger Mo DATE June 16 1934

19. UNDERTAKER (ADDRESS): Jas. M. Daughtlen Marceline Mo

20. FILED 6/16 1934 Olive Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13 1934 to June 15 1934
I last saw h. alive on June 15 1934 Death is said to have occurred on the date stated above, at 1:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Death	2.1934
Fracture of Skull	2.1934

Other contributory causes of importance:
Automobile Collision

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? Accident Date of injury 2/13 1934
Where did injury occur? Missouri State Highway #5
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place? Public Highways
Manner of injury: Automobile collision
Nature of injury: Fracture Skull & elbow fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) F. L. Patrick, M. D.
(Address) Marceline 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 UNFADING INK—THIS IS A PERMANENT RECORD

JUL 16 1934

100M-11-24-33

#2 Lenin

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

19

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Harvey B Harris
Who died at _____ on June 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single~~, married, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 30 Months 4 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Fracture skull, auto collision deceased was intoxicated and attempted to pass a car, sideswiping an ice truck coming in opposite direction. He was alone in the car.
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury _____, 19____
Where did injury occur? Within city limits - Marceline Mo.
(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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Olive L. Barrett

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 502

Primary Reg. Dist. No. 4305

Very truly yours,
E. T. McGaugh M.D.
Special Agent.

S-21073