

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

Do not use this space.

23566

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125 File No. 23566  
 Township \_\_\_\_\_ Primary Registration District No. 5178 Registered No. 121  
 City Cape Girardeau, Mo. Shelburne Mo. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

Length of residence in city or town where death occurred yrs. mos. 9 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 married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Altha Harris (or WIFE OF)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13-1897  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 8 - \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harris Truck line  
 10. Date deceased last worked at this occupation (month and year) 7-3-34 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) Stoddard (STATE OR COUNTRY) County, MO

13. NAME James F. Harris

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

15. MAIDEN NAME Ardele Stacy

16. BIRTHPLACE (CITY OR TOWN) Stoddard Co, MO (STATE OR COUNTRY)

17. INFORMANT Ora C. Harris (Bro.) (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Advance DATE 7-13-34

19. UNDERTAKER Wm. D. Mowbray (ADDRESS) Advance, Mo

20. FILED 7-13-34 Wm. D. Mowbray (Address) Cape Girardeau, Mo.  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/34

22. I HEREBY CERTIFY, That I attended deceased from 7/4, 1934, to 7/13, 1934  
 I last saw him alive on 7/13/34 Death is said to have occurred on the date stated above, at 4:30 P.  
 The principal cause of death and related causes of importance were as follows:

Acute suppurative appendicitis Date of onset \_\_\_\_\_

Other contributory causes of importance: General diffuse peritonitis  
Septic hepatitis

Name of operation Appendectomy Date of 7/9/34  
 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) Wm. D. Mowbray, M. D.  
 (Address) Cape Girardeau, 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

AUG 14 1934

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