

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

Do not use this space.

OCT 18 1934

30357

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township \_\_\_\_\_ Primary Registration District No. 3032  
 City Sedalia (No. 206 S. Grand) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 299  
 Registered No. 668  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William O. Harris  
 (a) Residence, No. 206 S. Grand St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 53 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 Juliet Ingram Harris  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 7 28

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office  
 10. Date deceased last worked at this occupation (month and year) Jan. 15, 1934 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County, Missouri

MOTHER FATHER  
 13. NAME O. M. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Missouri

15. MAIDEN NAME Ameyda Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County, Mo.

17. INFORMANT Mrs. W. O. Harris (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Aug 23, 1934

19. UNDERTAKER Ms. Laughlin Bros. (ADDRESS) Sedalia, Mo.

20. FILED 8/23, 1934 Frank Slack Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Aug 21, 1934  
 I last saw him alive on Aug 21, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

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

Coronary Thrombosis Date of onset 7-23-34  
46  
 Other contributory causes of importance: Malignant Stomach 1933  
Asthenia  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? W. & V. P. 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  
 If so, specify \_\_\_\_\_  
 (Signed) W. B. Bestmeyer, M. D.  
 (Address) Sedalia, 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.

AUG 28 1934

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WRITE PLAINLY, WITH OUTRADING INITIALS TO A FURNISHED RECORD

[The main body of the document contains several columns of extremely faint and illegible text, likely representing a list or a set of records. The text is too light to be transcribed accurately.]