

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.

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

DEC 12 1934

38531

1. PLACE OF BIRTH  
 County Buchanan Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City St. Joseph (No. Mo. 11th St. Dep.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alta Belle Harris  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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.

File No. \_\_\_\_\_  
 Registered No. 1205  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25, 1894

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
40 1 8

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Hom  
 (b) General nature of industry, business, or establishment in which employed (or employer) home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Stewartsville  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Lyon  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unk  
 (STATE OR COUNTRY) unk  
 12. MAIDEN NAME OF MOTHER Alice unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) unk

14. INFORMANT John O. Harris  
 (Address) Cameron Mo

15. FILED 11334 John B. Bender  
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3, 1934

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934 to Nov. 3, 1934  
 that I last saw her alive on Nov. 2, 1934, and that death occurred, on the date stated above, at 1.00 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Intestinal Obstruction  
Generalized Peritonitis  
123 B  
123 duration 5 mos. ds.  
 CONTRIBUTORY volvulus of small intestine  
 (SECONDARY) (duration) yrs. mos. ds. 5 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. At Home

1 DID AN OPERATION PRECEDE DEATH. Yes DATE OF Nov. 2, 1934  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation  
 (Signed) Ray W. Worley, M.D.  
Nov. 3, 1934 (Address) 731 Faron St. Japh.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Osborn Mo DATE OF BURIAL 11-3 1934

20. UNDERTAKER L. E. Allen ADDRESS Cameron Mo

1-8-24

True R.

John R.

W. Howard R.

W. Howard R.

W. Howard R.

APR 8 1950