

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

Do not use this space.

DEC 13 1934

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1. PLACE OF DEATH

County Osage Registration District No. 201
Township Liberty Primary Registration District No. 52-80-3012
City Liberty (No. 3012) St. _____ Ward _____

2. FULL NAME

(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 30 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1888

7. AGE YEARS 46 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) 1740 11. Total time (years) spent in this occupation 20

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

13. NAME Wash Harris

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

15. MAIDEN NAME Belle Caydy

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

17. INFORMANT Rolla Allen Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 11/30/34

19. UNDERTAKER Church-Atcher Co Liberty, Mo

20. FILED 1271 4 27 Street Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Nov 27, 1934

I last saw him alive on Nov 27, 1934 Death is said to have occurred on the date stated above, at _____ m.

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

11/3 Influenza
Other contributory causes of importance 11/3

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 _____

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) Burton Malley, M. D.
(Address) Liberty, Mo.

