

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 28 1934

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

Do not use this space.

40257

1. PLACE OF DEATH

County Missouri
Township Holland
City Holland (No.)

Registration District No. 652
Primary Registration District No. 6781

File No.
Registered No.
St. Ward)

2. FULL NAME Harrise Jarrou

(a) Residence. No. Herrondale Mo. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blondell Jarrou</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9-3-1902</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>7</u>	DAYS <u>27</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>farmer self</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alamo Tenn</u>		
10. NAME OF FATHER <u>John Ed Jarrou</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Alamo Tenn</u>		
12. MAIDEN NAME OF MOTHER <u>Lula Runagr</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Alamo Tenn</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6 1934

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide. Shot in back
Corner Verdex shot
by unknown party.

CONTRIBUTORY (SECONDARY)
1934 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Pholes Coroner
19 (Address) Hays Mo

*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
Alamo Tenn DATE OF BURIAL 11-8 1934

20. UNDERTAKER
Gerrman undertaker ADDRESS Stull

14. INFORMANT E. P. Jarrou
(Address) Alamo Tenn

15. FILED 11-22-34 Tom Brigance REGISTRAR

1110

