

DEC 19 1934

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

Do not use this space.

40287

## 1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia (No. Southwell Hospital)File No. 386Registered No. 667

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Little Rock Ark 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Harris6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>3</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sherman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cray Salt Co.10. Date deceased last worked at this occupation (month and year) Oct. 11, 1934 11. Total time (years) spent in this occupation 1712. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County  
MO13. NAME Quenton W. Harris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon County  
Missouri15. MAIDEN NAME Armanda Wood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County  
MO

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 11/18/34 1919. UNDERTAKER (ADDRESS) McLaughlin Bros  
Sedalia20. FILED 11-18-34 1934 Gene Slack  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16/34 193422. I HEREBY CERTIFY, That I attended deceased from Oct 28 1934 to Nov 16 1934I last saw him alive on Nov 16 1934 Death is saidto have occurred on the date stated above, at 5:10 m.

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

Myocardial Insufficiency Date of onset XOther contributory causes of importance: Ch. Myocarditis X  
ArteriosclerosisName of operation X Date of \_\_\_\_\_What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. Beckman 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.

