FEB 23 1935

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 2068
Township — Primary Registration District No. 3079 — Registered No. 21
City Hannibal (No. St Elizabeth Hos. St. 6th Ward)

2. FULL NAME William Malone Harris

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. 19 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1934

7. AGE: YEARS — MONTHS 6 DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Missouri

FATHER
13. NAME Malone C. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lorane Illinois

MOTHER
15. MAIDEN NAME Hazel Nichols
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Mo.

17. INFORMANT (ADDRESS) Malone C. Harris Perry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perry Mo DATE Jan 18 1935

19. UNDERTAKER (ADDRESS) Roselle, Perry Mo.

20. FILED Jan 18 1935 R. H. Schuster Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Jan 17, 1935
I last saw him alive on Jan 17, 1935 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:

	Date of onset
Pericarditis (effusion)	1-5-35

Other contributory causes of importance: Pneumonia (Bronchial) 1-1-35

Name of operation None Date of
What test confirmed diagnosis? Xray 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. H. Francis, M. D.
(Address) Hannibal 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.