

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

Do not use this space.

MAR 21 1935

4728

**1. PLACE OF DEATH**

County Clay Registration District No. 198 File No. 13  
 Township Franklin Primary Registration District No. 3 & 11 Registered No. \_\_\_\_\_  
 City Excelsior Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William A Harris

(a) Residence, No. Ray Co St. \_\_\_\_\_ Ward. \_\_\_\_\_ (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.

**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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Missie Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 - 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>5</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Clay Co Mo.</u>		
MOTHER	13. NAME <u>William Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Mary Anna Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs Roma Patraude</u> (ADDRESS) <u>RR # Excelsior Spgs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Holt. Mo.</u> PLACE <u>New Hope Cem</u> DATE <u>2-20</u> 19 <u>35</u>		
19. UNDERTAKER <u>John C Prather</u> (ADDRESS) <u>Excelsior Spgs Mo.</u>		
20. FILED <u>2-20</u> 19 <u>35</u> <u>Mr. P. A. McCraw</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 - about 12: 1935, to Feb 18 - 2:00 am 1935  
 I last saw him alive on Feb 18 1935. Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Death from cerebral hemorrhage caused from fall from load of fodder, striking on his head.

Other contributory causes of importance:  
1935

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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 Fall from load of fodder  
 Nature of injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify SB M Cracker M. D.  
 (Signed) \_\_\_\_\_ (Address) Excelsior Spgs Mo

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.

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