

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.

6297

MAR 14 1935

1. PLACE OF DEATH

County.....*Ozark*
Township.....*Richland*
City.....(No.....).....St.....Ward.....

Registration District No.....*65-0*
Primary Registration District No.....*5-8-61*

File No.....
Registered No.....
St.....Ward.....

2. FULL NAME

Lora Harris

(a) Residence. No.....St.....Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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)

Feb. 16, 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, *4* hrs. or *4* min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Dora

(STATE OR COUNTRY)

mo

10. NAME OF FATHER

Lawrence Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Dora

(STATE OR COUNTRY)

mo

12. MAIDEN NAME OF MOTHER

Lora Kemp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Dora

(STATE OR COUNTRY)

mo

14.

INFORMANT

(Address)

Mrs. Kemp

Dora mo

15.

FILED

Feb. 23, 1935 J. A. Balty M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 16* 19*35*

17. I HEREBY CERTIFY That I attended deceased from *Feb. 16*, 19*35*, to *Feb. 16*, 19*35*, that I last saw him alive on *Feb. 16*, 19*35*, and that death occurred, on the date stated above, at *6 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Was not developed far enough to live 6 mo. baby

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. A. Balty*, M. D.

, 19 (Address) *Dora 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

Hale

DATE OF BURIAL

Feb. 17 1935

20. UNDERTAKER

none

ADDRESS

