APR 2 1935

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

Do not use this space.

7755

File No.
Registered No. 7

1. PLACE OF DEATH
102 County Shelby
2 Township Clay
3 City Clarence (No. , St. Ward)

Registration District No. 827
Primary Registration District No. 45000

2. FULL NAME Lee Larkin Harris

(a) Residence, No. 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. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1881

7. AGE: Years 53 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

FATHER
13. NAME Lysander Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

MOTHER
15. MAIDEN NAME Sarah L Key
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT (ADDRESS) W. E. Harris Clarence Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Maplewood DATE Feby 17, 1935

19. UNDERTAKER (ADDRESS) Hamilton Und. Co Clarence Mo

20. FILED Feby 16, 1935 Roy Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw him alive on Feb. 15, 1935. Death is said to have occurred on the date stated above, at 6:30 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) F K Roy, M. D.
(Address) Clarence, 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.

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