

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

Do not use this space.

APR 24 1935

10072

1. PLACE OF DEATH

County Remick
 Township Hatch
 City (No.)

Registration District No. 6-5-3
 Primary Registration District No. 5864

File No. 137
 Registered No. 137
 St. _____ Ward _____

2. FULL NAME

Millard J. Moore Harris

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

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 11 14

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) Jan 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Estell Co. Ky.

13. NAME James J. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Estell Co. Ky.

15. MAIDEN NAME Ellen Herd.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Mr. Arleen Harris
 (ADDRESS) Rt. no 1 Hatch Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE M-15 1935

19. UNDERTAKER Ray and Co.
 (ADDRESS) Hatch Mo

20. FILED 3/27 1935 J. W. Rhoads
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1934 to Mar 1935
 I last saw him alive on Mar 14 1935 Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Gastric hemorrhage Date of onset 1-12

11/7/34

Other contributory causes of importance:
Ulcer of Stomach

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) William F. Fry M. D.
 (Address) Hatch

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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