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.

JUL 25 1935

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

Do not use this space.
20534

1. PLACE OF DEATH
County: Newton.
Township: Vanburen.
City: (No. 3-814 St. Ward)
Registration District No.: ~~614~~ 612
Primary Registration District No.: ~~2-46 5814~~
Registrar's Line No.: 24
Registered No.: 43

2. FULL NAME: Granville C. 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: — June-29-1935.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR):
7. AGE: Years | Months | Days | If LESS than 1 day, 7 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
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): Newton co Mo.

FATHER
13. NAME: Thomas G. Harris.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Lucile Sharp.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Thomas G. Harris Ritchey Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Newton Co DATE: 6-29 1935
19. UNDERTAKER (ADDRESS): W. G. Murphy. Ritchey
20. FILED: 6-30 1935 M. T. Rolins M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29 1935
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935, to June 29, 1935
I last saw h. alive on June 29, 1935. Death is said to have occurred on the date stated above, at 4:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 8 mo	
Failure of pituitary glands	
to come	

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) L E Rolins, M. D.
(Address) Granby Mo.