

JUL 26 1935

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

Do not use this space.
20548

1. PLACE OF DEATH

County **PETTIS**
Township.....
City **SEDALIA**

Registration District No. **665**
Primary Registration District No. **3032**
(No. **1506 SO. VERMONT**)

File No. **192**
Registered No. **668**
St. _____ Ward _____

2. FULL NAME **CHARLES A HARRIS**

(a) Residence, No. **1506 SO. VER.** 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 (under the word) **WIDOWED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 24 1856**

7. AGE YEARS **78** MONTHS **11** DAYS **14** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.
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) **MO.**

FATHER 13. NAME **JAMES HARRIS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

MOTHER 15. MAIDEN NAME **MARTHA HARVEY**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

17. INFORMANT **MRS. J. P. HURTT** (ADDRESS) **SEDALIA MO.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **HIGH POINT** DATE **JUNE 10** 19 **35**

19. UNDERTAKERS **GILLESPIE FUNERAL HOME** (ADDRESS) **SEDALIA MO.**

20. FILED **June 10** 19 **35** **Jean Slack** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 8/35** 19

22. I HEREBY CERTIFY, that I attended deceased from **March 19³⁴** to **June 8³⁵**, 19 **35**
I last saw him alive on **June 1st 19³⁵** Death is said to have occurred on the date stated above, at **6 a.m.**

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

Myocarditis arterio-sclerosis calcareous of left foot blood for years Date of onset

Other contributory causes of importance:

Name of operation **None** 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? **No**

If so, specify

(Signed) **Boyd Polking** M. D.
(Address) **Sedalia 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.

