

2013 C 1935

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

Do not use this space.

23713

1. PLACE OF DEATH

County Madison
Township Osler
City (No.) (Ward)

Registration District No. 538
Primary Registration District No. 5729

File No.
Registered No. 47
St. Ward)

2. FULL NAME

George W. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Catherine Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 16

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

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) Adams

13. NAME Eli Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Lelitha Barrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ally Harris
Fredricktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE July 16, 1935

19. UNDERTAKER (ADDRESS) G. D. Webb
Fredricktown Mo

20. FILED July 15, 1935 S. C. S. Claugher Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 1, 1935, to July 14, 1935
I last saw him alive on June 13, 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Chronic nephritis (interstitial) Date of onset 1934

Other contributory causes of importance: Arterio Sclerosis

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? No
If so, specify.....

(Signed) Harry Barton, M. D.
(Address) Fredricktown

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 OUTLINES WHERE NECESSARY

22

By C. A. S. Swann

