

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

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.

AUG 22 1935

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

Do not use this space.

24018

1. PLACE OF DEATH

County Shelton Registration District No. 676
Township Liberty Primary Registration District No. 2900
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

2. FULL NAME

James William Harris
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>96</u>	MONTHS DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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) <u>Ind.</u>		
MOTHER	13. NAME <u>Berry Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT <u>J. B. Sahel</u> (ADDRESS) <u>Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Logan Creek</u> DATE <u>July 27</u> 19 <u>35</u>		
19. UNDERTAKER <u>Lee Johnson</u> (ADDRESS)		
20. FILED <u>7-27-35 B.T. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1935

22. I HEREBY CERTIFY That I attended deceased from Ten years past to July 26 1935

I last saw him alive on no record, 19..... Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Chronic nephritis Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) R. C. Brewer, M. D.

(Address) Newburg, Mo

