NOV 18 1935

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

Do not use this space.

31918

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No.
City St Joseph Mo (No. State Hosp #2 St. Ward)

2. FULL NAME Alvin Harris
(a) Residence, No. St Joseph Mo St. Ward. (If nonresident, give city or town and State)
(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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1847
7. AGE YEARS 88 MONTHS Unknown DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Unknown Unknown
FATHER
13. NAME Richmond Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
17. INFORMANT (ADDRESS) State Hosp Records St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hosp #2 DATE 10-15 1935
19. UNDERTAKER (ADDRESS) Ramsey's Mortuary St Joseph Mo
20. FILED 10-15 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1935
22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1935, to Oct 15, 1935
I last saw her alive on Oct 14, 1935. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset Indefinite
Other contributory causes of importance: Chronic Pulmonary TB — Indef
Name of operation No — Date of
What test confirmed diagnosis? Lab & Clin — Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury Mo, 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 None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) State Hosp No 2

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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