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.

NOV 13 1935

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

Do not use this space.

33663

1. PLACE OF DEATH

County Platte — Registration District No. 698 — File No.

Township Weston — Primary Registration District No. 5926 — Registered No.

City ..... (No. Rural Route # 1, Weston, Mo. St. ..... Ward)

2. FULL NAME Gerald Francis Harris

(a) Residence, No. Rural Route #1, Weston, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 27, 1918

7. AGE: YEARS 16 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Atchison, Kansas.

FATHER

13. NAME: Frank Harris,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Weston, Missouri.

MOTHER

15. MAIDEN NAME: Anna Dougherty,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bean Lake, Missouri.

17. INFORMANT (ADDRESS): Frank Harris (father) Rural Route # 1, Weston, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Ridge Cemetery Weston, Mo. DATE Oct. 21 1935

19. UNDERTAKER (ADDRESS): J. C. Davis Und. Co., Leavenworth, Kansas.

20. FILED 10/20 1935 J. A. Brill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935, to Oct. 20, 1935

I last saw him alive on Oct 20, 1935. Death is said to have occurred on the date stated above, at 2:10 a.m. am.

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

	Date of onset
Hypostatic pneumonia with cardiac failure,	

Other contributory causes of importance:

Pernicious anemia and aortic insufficiency

Name of operation none Transfusion last spring 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) Ralph G. Dennis M.D.

(Address) Weston, Missouri