

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

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

Do not use this space.

OCT 28 1935

33717

1. PLACE OF DEATH
 County RAY Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City RICHMOND (No. _____) St. _____ Ward _____

2. FULL NAME OLIVER HARRAH
 (a) Residence, No. _____ County RAY Name _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>DO NOT KNOW</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DO NOT KNOW</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
<u>about 70</u>	<u>-</u>	<u>-</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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>DO NOT KNOW</u>				
FATHER	13. NAME <u>DO NOT KNOW</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DO NOT KNOW</u>			
17. INFORMANT <u>ANDY BALLARD</u> (ADDRESS) <u>COUNTY HOME</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>NEW HOPE</u> DATE <u>10-9-</u> 19 <u>35</u>				
19. UNDERTAKER <u>C.M. JOINET</u> (ADDRESS) <u>RICHMOND, MO</u>				
20. FILED <u>10-10</u> 19 <u>35</u> <u>E. G. HAY</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 1935 to Oct 6 1935
 I last saw him alive on Oct 6 1935 Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
99%
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? No
 If so, specify _____
 (Signed) E. G. HAY, M. D.
 (Address) Richmond

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.

