

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

Do not use this space.

2272

1. PLACE OF DEATH

County New Madrid
Township West
City Morehouse

Registration District No. 6377
Primary Registration District No. 6377

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Harold lease jr.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, hrs. or min.

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

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) Morehouse (STATE OR COUNTRY)

13. NAME Harold lease

14. BIRTHPLACE (CITY OR TOWN) Odin Ill (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Harrison

16. BIRTHPLACE (CITY OR TOWN) Union City Ky (STATE OR COUNTRY)

17. INFORMANT Harold lease (Father) (ADDRESS) morehouse mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston Mo DATE Jan 9 1936

19. UNDERTAKER Foy Store (ADDRESS) morehouse

20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19 _____, to _____, 19 _____

I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Died without medical attention. Date of onset _____

tried to get a physician Relief

Other contributory causes of importance:

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? If so, specify _____

(Signed) Wm O Barron, M. D. (Address) New Madrid, Mo.

OCCUPATION IS VERY IMPORTANT

