MAR 25 1936

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

Do not use this space.

8892

1. PLACE OF DEATH
County Stoddard — Registration District No. 839 — File No.
Township Richland — Primary Registration District No. 6101 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Alice Josephine Harris
(a) Residence, No. St., 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 F
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 ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28-1933
7. AGE YEARS 2 MONTHS 2 DAYS 11 If LESS than 1 day, ✓ hrs. or ✓ min.

OCCUPATION
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) (STATE OR COUNTRY) Grayridge Mo.

FATHER
13. NAME John William Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo

MOTHER
15. MAIDEN NAME Clara Tate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho Mo

17. INFORMANT (ADDRESS) Ford Harris Grayridge, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Taylor Cem DATE Feb 7- 1936
19. UNDERTAKER (ADDRESS) Henry Fox Morehouse Mo
20. FILED 2-7- 1936 J. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7- 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1936, to Feb 7- 1936
I last saw her alive on Feb 2- 1936 Death is said to have occurred on the date stated above, at 5:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/1/36
108	

Other contributory causes of importance: ✓

Name of operation None. Date of ✓
What test confirmed diagnosis? Clinical 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) J. P. Brandon, M. D.
(Address) Essex Mo.

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.