MAY 20 1936

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

Do not use this space.

14797

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 325

City Springfield (No. St. Johns Hospital St. Ward)

2. FULL NAME Dalvin Dale Harris

(a) Residence, No. Milford, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	9	14	

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) Milford Mo.

FATHER

13. NAME R. B. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milford, Mo

MOTHER

15. MAIDEN NAME Elsie Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerico Springs Mo.

17. INFORMANT (ADDRESS) R. B. Harris Milford, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milford, Mo. DATE April 9, 1936

19. UNDERTAKER (ADDRESS) F. C. Thieme Springfield, Mo

20. FILED 4-9- 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to April 8, 1936

I last saw him alive on April 8, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Diarrhea -	2-8-36
119 b	

Other contributory causes of importance:
Otitis media
Mal nutrition

Name of operation None Date of

What test confirmed diagnosis? 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) John H. Williams, M. D.
(Address) 923 No. Main ave.

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.