

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

Do not use this space.

15766

## 1. PLACE OF DEATH

County Jackson Registration District No. 431  
Township \_\_\_\_\_ Primary Registration District No. 2023  
City Warrensburg (No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 48

## 2. FULL NAME

Ephriam Harris  
(a) Residence, No. N. Lutton 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 <u>M</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella Powell Nett Harris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1856</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Retired Farmer</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 _____			

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co. Mo.</u>
	13. NAME <u>Samuel Harris</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee Co. Va.</u>
	15. MAIDEN NAME <u>Celia George</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>
	17. INFORMANT <u>Mrs. Luella Harris</u> (ADDRESS) <u>Warrensburg Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>April 20 1936</u>	
19. UNDERTAKER <u>W.F. Wilcox Funeral Service</u> (ADDRESS) <u>Warrensburg Mo.</u>	
20. FILED <u>Apr. 20 1936</u> <u>Ernest H. Hinkle</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936  
22. I HEREBY CERTIFY, That I attended deceased from April 12 1936 to April 18 1936  
I last saw him alive on April 18, 1936. Death is said to have occurred on the date stated above, at 6:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:

Influenza

Name of operation Obit Date of \_\_\_\_\_  
What test confirmed diagnosis Obit 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) W.F. Wilcox M. D.  
(Address) Warrensburg Mo.

MAY 21 1936

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.

