

MAY 22 1936

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

Do not use this space.

15807

1. PLACE OF DEATH

County LafayetteRegistration District No. 460Township DavisPrimary Registration District No. 4379City Higginsville, Mo.

File No.

Registered No.

St. Ward)

2. FULL NAME Thomas 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79

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

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) Lafayette Co. Mo.13. NAME Thomas Harris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Maria Twiggs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Eddie Clark
(ADDRESS) Higginsville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACES Higginsville, Mo. DATE 4/15 193619. UNDERTAKER W. S. Jordan
(ADDRESS) Higginsville, Mo.20. FILED May 1, 1936 W. B. Mob
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Apr 11, 1936, to Apr 13, 1936I last saw him alive on Apr 12, 1936 Death is saidto have occurred on the date stated above, at 11 a.m.

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

Broncho-Pneumonia 4-9-36

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 _____, 1936

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) W. B. Mob, M. D.(Address) Higginsville, 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.

