

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

Do not use this space.

22481

1. PLACE OF DEATH

County Dunklin Registration District No. 282
 Township Union Primary Registration District No. 5401
 City (No.) St. Ward)

File No.
 Registered No. 76

2. FULL NAME

Harry Lee Kooritz
 (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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Exact det unknown 1884</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1884</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>✓</u>	<u>✓</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Oil Field</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labourer</u>
	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) Ind.

FATHER 13. NAME Mark Kooritz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Hendel Mervel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Ray Kooritz
 (ADDRESS) Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Campbell Mo DATE July 1 1936

19. UNDERTAKER Lawson Funeral Home
 (ADDRESS) Campbell Mo

20. FILED 6/30 1936 E. Vandenberg
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1936

22. I HEREBY CERTIFY That I attended deceased from June 23, to June 30, 1936
 I last saw him alive on June 29, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were, as follows:
Pulmonary Tuberculosis (Date of onset

Other contributory causes of importance:

Name of operation

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?

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

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John R. Brown, M. D.
 (Address) Campbell Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

