

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.

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

Do not use this space.

SEP 1 1936

31771

**1. PLACE OF DEATH**

County New Madrid  
Township Buckner  
City (No. ....) (Ward .....

Registration District No. 55  
Primary Registration District No. 6262

File No. 10  
Registered No. 1163  
St. .... Ward .....

**2. FULL NAME**

Ronald 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 <u>Male</u>		4. COLOR OR RACE <u>White</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>Single</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1926</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
		<u>10</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</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) <u>Polk Mo</u>					
FATHER	13. NAME <u>Charles B. Harris</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex</u>				
MOTHER	15. MAIDEN NAME <u>Flossie Mead</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
17. INFORMANT (ADDRESS) <u>Flossie Harris</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grace Hill</u> DATE <u>1936</u>					
19. UNDERTAKER (ADDRESS) <u>Tom Purcell</u>					
20. FILED <u>Aug 10 1936</u> <u>M. V. Murrell</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1936, to Aug 9 1936  
I last saw him alive on Aug 7 1936 Death is said to have occurred on the date stated above, at.....m.  
The principal cause of death and related causes of importance were as follows:  
Cholera & Malaria Date of onset 11/9/36

Other contributory causes of importance: .....

Name of operation none Date of.....  
What test confirmed diagnosis? Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none 19.....  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. G. Ellis M. D.  
(Address) Graded

