

OCT 21 1936

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

Do not use this space.

37019

1. PLACE OF DEATH

County Cass Registration District No. 163
Township Springfield Primary Registration District No. 5217

File No.

Registered No. 12

2. FULL NAME

Harry Lee Terry (No.) St. Ward.
(a) Residence, No. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1 24

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) Cass Co. Mo.

13. NAME James Ezra Terry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co Missouri

15. MAIDEN NAME Helma Blanche Smead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky

17. INFORMANT (ADDRESS) James Ezra Terry

18. BURIAL, CREMATION, OR REMOVAL PLACE Oct 5 Freeman Cem. 3

19. UNDERTAKER (ADDRESS) Robinson Bros & Easterla Harrisonville Mo

20. FILED Oct 6 1936 Ethel R. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1 AM, 1936, to Oct 4, 9:20 AM 36
I last saw him alive on Oct - 4, 1936. Death is said to have occurred on the date stated above, at 9:20 am.

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

Diarrhea with rapid development of Coma & Convulsions. Date of onset

Other contributory causes of importance:

Baenia Nana.

Name of operator None Date of
What test confirmed diagnosis? Lab. test Was there an autopsy? Yes

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) Dr. Ethel Owen, M. D.

(Address) 104 W Pearl St. Harrisonville Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

