

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

Do not use this space.

7585

FEB 19 1937

1. PLACE OF DEATH

County Perry
 Township St. Marys
 City St. Marys (No. _____)

Registration District No. 1161
 Primary Registration District No. 58818

File No. _____
 Registered No. 1 (St. _____ Ward)

2. FULL NAME Fielden D. Harris Silver Lake, Mo.

(a) Residence, No. _____ St. _____ Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1937 19

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937, 19, to Feb 2 1937, 19

I last saw him alive on Jan 25 1937, 19. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1842

to have occurred on the date stated above, at 7.15 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 4 0

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

Senility

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 1891 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Acute cold, or Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer Co, Ind.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

FATHER 13. NAME James Harris

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co, Ky

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Nancy Pollard

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

17. INFORMANT Pearl D. Harris
 (ADDRESS) Silver Lake, Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

19. UNDERTAKER Bay Funeral Home
 (ADDRESS) Peruville, Mo.

(Signed) W. J. Winfield, M. D.

20. FILED Feb. 6 1937 W. J. Winfield
 Registrar.

(Address) Perryville

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**

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1. PLACE OF DEATH

County Perry
Township St. Marys
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1161
Primary Registration District No. 3881A

File No. 7585
Registered No. _____

2. FULL NAME

Fielden D. Harris, Silverdale mo

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 4 0

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE White Water DATE 2 6 1937

19. UNDERTAKER Bay Woods Co (ADDRESS) Perryville mo

20. FILED 2 5 1937 H. J. Ruwall Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 3 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw the _____ live on _____, 19____. 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: _____ Date of onset _____

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 _____, 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? _____ If so, specify _____ (Signed) _____, M. D. (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SPECIAL INVESTIGATION

S-17585