

APR 22 1937

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

Do not use this space.

12820

1. PLACE OF DEATH

County Wade Registration District No. 621  
Township 74 Primary Registration District No. 4372  
City Edmo, Mo (No. 5) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Christopher Dorian Harr

(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. 36 mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

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) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1937

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

17. I HEREBY CERTIFY, That I attended deceased from July 23 1937 to March 6 1937 that I last saw live on March 6 1937, and that death occurred, on the date stated above, at 1000-A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 - 1854

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
193 82 7 23

Cerebral Hemorrhage

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Lobar Pneumonia

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

10. NAME OF FATHER Alexander J. Harr

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) R. J. Squaw, M. D.

12. MAIDEN NAME OF MOTHER Lusan E. Adams

3/8, 1937 (Address) Edmo Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Ohio

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Sylvia Harr  
(Address) Edmo Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

High Prairie Cemetery

7 1937

15. FILED March 7 1937 Clara D. Harr  
REGISTRAR

20. UNDERTAKER

ADDRESS

Price T. Harr

Edmo Mo

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

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