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JUL 31 1937MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25163

## 1. PLACE OF DEATH

County Wayne Registration District No. 892 File No. 17  
Township William Primary Registration District No. 4571 Registered No. \_\_\_\_\_  
City Williamsville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

Clinton D. 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 20 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Harris6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-30-18877. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 0 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) Stemmill Mo13. NAME J. F. Harris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson Mo15. MAIDEN NAME Jane Bunsyard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo17. INFORMANT (ADDRESS) C. P. Harris  
Stemmill Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Holiday Cemetery DATE July 2, 193719. UNDERTAKER (ADDRESS) Coy Funeral Home  
Stemmill Mo20. FILED June 2, 1937 M. D. Heltz Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-193722. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1934 to July 1, 1937I last saw him alive on June 30, 1937 Death is said to have occurred on the date stated above, at 5:45 pm.

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

Narcolepsy or Sleeping Sickness Date of onset 1933Other contributory causes of importance: 78Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? No

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) Wm. H. Burton M. D.  
(Address) Jan Buren, Mo.

