SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 1816, Montgall St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 229828
Registered No. 3463

2. FULL NAME James R Harris
(a) Residence, No. 1816 Montgall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10- 1872

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 9 | 5 | |

OCCUPATION
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. Carpenter
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) Elmwood, Mo.

FATHER
13. NAME Geo. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Velma Gallup
(ADDRESS) East St. Louis. Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mo. DATE 8/21/37, 19

19. UNDERTAKER Mellody-McGilley
(ADDRESS) K. C. Mo.

20. FILED Aug 20, 1937 M. M. Crowe, asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/37, 19

22. I HEREBY CERTIFY That I attended deceased from ..., 19 ..., to ..., 19 ...
I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Contused wounds of the head. | |
| Cerebral hemorrhage | |

Other contributory causes of importance:

| | |
|---|---|
| 1 Sec. | |

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

23. If death was due to external causes (violence), fill in the following:
Accident, suicide, or homicide? Accident Date of injury 8/15/37
Where did injury occur? 1816 Montgall K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell out of truck among
Nature of injury on concrete floor

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address) ...

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.