

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.

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

Do not use this space.

SEP 24 1937

1. PLACE OF DEATH

County St. Clair  
Township Butler  
City Louisy City, Mo. (No. ....)

Registration District No. 763  
Primary Registration District No. 4458

File No. 31629  
Registered No. 14  
St. .... Ward

2. FULL NAME

Thomas Taylor Harris

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

Length of residence in city or town where death occurred yrs. 9 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

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1850  
7. AGE YEARS 87 MONTHS 5 DAYS 24  
If LESS than 1 day, .... hrs. or .... min.

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

12. BIRTHPLACE (CITY OR TOWN) Parsonsville, Mo  
(STATE OR COUNTRY) Cedar Co Missouri

13. NAME W. H. Harris

14. BIRTHPLACE (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Phillips

16. BIRTHPLACE (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

17. INFORMANT Sam Johnson  
(ADDRESS) Louisy City, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Louisy City Cemetery 8/8/37

19. UNDERTAKER Sp. C. Gustafson  
(ADDRESS) Louisy City, Mo

20. FILED Aug 8 1937 Sophiad Stratton  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Aug 7, 1937

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P. m.

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

Acute Insufficiency (Date of onset)  
Other contributory causes of importance: 92

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) C. S. Stratton, M. D.  
(Address) Louisy City, Mo

