

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH

County St. Francois Registration District No. 33
Township Randolph Primary Registration District No. 6024B
City Northham (No. _____) St. _____ Ward _____

File No. 31637

Registered No. 11

2. FULL NAME James Wm Harris

(a) Residence, No. Northham 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. 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 Malvada Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>4</u>	<u>1</u>	

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) Perryville (STATE OR COUNTRY) Missouri

13. NAME dont no

14. BIRTHPLACE (CITY OR TOWN) dont no (STATE OR COUNTRY)

15. MAIDEN NAME dont no

16. BIRTHPLACE (CITY OR TOWN) dont no (STATE OR COUNTRY)

17. INFORMANT Malvada Harris (ADDRESS) Northham Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Big River C. DATE Aug. 2, 1937

19. UNDERTAKER G. J. Bayer (ADDRESS) Desloge Missouri

20. FILED 10 1937 W. E. Aubuchon Registrar. per B.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to Aug 5, 1937. I last saw him alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Arteriosclerotic heart disease Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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? No If so, specify _____

(Signed) John W Hunt, M. D. (Address) Leadwood Mo

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.

