

NOV 17 1937

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

8:30 AM

37558
Do not use this space.

2
1

Registered No. 148

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
 (b) Township Bofana Primary Registration District No. 5384
 (c) City Adm. mo. (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thamar Lofate Harris
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to Oct 10, 1937
 I last saw him alive on Oct 5, 1937 Death is said to have occurred on the date stated above, at 8:30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1866

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 27

Chronic Interstitial nephritis
Hypertension, and Cardiac Enlargement
 Date of onset Nov 1930

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Hypertension, and Cardiac Enlargement

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Mo

Name of operation Physician Date of _____
 What test confirmed diagnosis? Phys Was there an autopsy? No

13. NAME John Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Lison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

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)

17. INFORMANT Austin Reed (ADDRESS) Adm. mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardner DATE Oct-31 1937

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) Friends

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

20. FILED 11-4, 1937 Henry Burke Local Registrar.

(Address) Adm. mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)