NOV 17 1937

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

Do not use this space.

37750

1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No.
Township — Primary Registration District No. 4197 — Registered No. 71
City Bethany (No. , St. Ward)

2. FULL NAME Marion 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 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15 1846
7. AGE: YEARS 91 — MONTHS 5 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Harrison County Mo.

FATHER
13. NAME: David Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Rebecca Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

17. INFORMANT (ADDRESS): George Harris Bethany Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Monson Cemetery DATE Oct 12 1937
19. UNDERTAKER (ADDRESS): Joe E. Wheeler Bethany Mo.
20. FILED 10-12 1937 A. L. Weisling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 11. 1937
22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1937, to 10-10, 1937
I last saw h. en alive on 10-10-, 1937. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-10-37

Other contributory causes of importance:
Hypertensive Cardio vascular disease

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 W McCartney D.D.
(Address) Bethany 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.