

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Bushanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001 File No. 44765
 City St Joseph (No. MO METHO HOSPITAL) St. _____ Ward) Registered No. 1370
 2. FULL NAME George Washington Harris
 (a) Residence, No. _____ St., _____ Ward. Georgetown
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred - yrs. - mos. 9 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 Clara Carlisle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1871
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 10 29
 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.
 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) Georgetown Mo
 MOTHER 13. NAME Wm. Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentworth Virginia
 15. MAIDEN NAME Margaret Dwyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo
 17. INFORMANT Tom George Harris
 (ADDRESS) Albany Mo P. O.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Carmacks DATE Dec 16 1937
 19. UNDERTAKER Brooks Funeral Home
 (ADDRESS) Albany Mo
 20. FILED Dec 15 1937 A. J. Nestel
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1937
 22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Dec 15 1937
 I last saw him alive on Dec 14 1937 Death is said to have occurred on the date stated above, at 2:00 Am.
 The principal cause of death and related causes of importance were as follows:
Pericious anemia Date of onset 1933
arterio sclerosis unknown
 Other contributory causes of importance:
arterio sclerosis
 Name of operation Blood Transfusion Date of Dec 10 1937
 What test confirmed diagnosis? Exam. Lab. Was there an autopsy? No
 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) E. M. Shores M. D.
 (Address) 317. 1/2 Chickadee Rd. St. Joseph Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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