JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County COOPER — Registration District No. 217 — File No. 45163
Township — Primary Registration District No. 4131 — Registered No.
City BLACKWATER (No. , St. Ward)

2. FULL NAME OSCAR HERBERT HARRIS
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: CARRIE AMENT HARRIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG 16-1864

7. AGE: YEARS 73 — MONTHS 4 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: FARMER
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): LAMINE MO

FATHER
13. NAME: GEO. W. HARRIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

MOTHER
15. MAIDEN NAME: FRANCES TYLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

17. INFORMANT (ADDRESS): MRS CARRIE HARRIS BLACKWATER MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD LAMINE DATE DEC 27 1937

19. UNDERTAKER (ADDRESS): STEGNER-KOENIG BOONVILLE MO.

20. FILED 12-26, 1937 W. L. Abney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1930 to 12-24, 1937
I last saw him alive on 12-24, 1937. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 12-25-37

93C

Other contributory causes of importance:
Chronic Myocarditis
Arteriosclerosis

Name of operation no — Date of
What test confirmed diagnosis? — 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) W. L. Abney, M. D.
(Address) Blackwater, 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.