JAN 19 1938

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

Do not use this space.

File No. 45539

Registered No.

1. PLACE OF DEATH

County: Howell — Registration District No. 385

Township — Primary Registration District No. 4228

City: Willow Springs, Mo. No. ..., ... St. ... Ward)

2. FULL NAME James A. 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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mahalia E. Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8. 1869

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68	8	7	

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) Willow Springs. Howell Co. Mo.

FATHER

13. NAME James W. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jordan Station Tennessee

MOTHER

15. MAIDEN NAME Permelia Jane Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jourdan Station Tennessee

17. INFORMANT Carl Ferguson (ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Grove DATE 12/16/ 1937

19. UNDERTAKER Burns & Son (ADDRESS) Willow Springs, Mo.

20. FILED 12/16/ 1937 Mrs. Ella Trigman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Dec 15th, 1937

I last saw h... alive on Dec 15 1937. Death is said to have occurred on the date stated above, at 12:30 PM m.

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

	Date of onset
Myocardial Infarct Ulcer of Duodenum with perforation of right lung	

Other contributory causes of importance:

(Pt died from [illegible] ulcer of Duodenum - Cancer of [illegible] large tumor [illegible] right lung)

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) S. E. Gay Croft M. D.

(Address) Willow Springs, 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.

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

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