

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

Do not use this space.

11670

1. PLACE OF DEATH

County Ozark
Township Bayan
City Bayan

Registration District No. 647
Primary Registration District No. 5857

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No.

(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.

620

St. _____ Ward _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1935

7. AGE 2 YEARS 9 MONTHS 11 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ozark Co. (STATE OR COUNTRY) Mo

13. NAME Ray Harris

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

15. MAIDEN NAME Edith Thompson

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

17. INFORMANT Homer Thompson (ADDRESS) Georgetown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Springs DATE Apr 7 1935

19. UNDERTAKER None (ADDRESS)

20. FILED 4-7 1935 C. A. Beach Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-4 1935, to 4-6 1935

I last saw him alive on 4-6 1935 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Renal hemorrhage from a calculus Date of onset 4-5

Other contributory causes of importance: 124

Name of operation none 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 _____

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) C. A. Beach M. D.

(Address) Elizah, Mo.

DC

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IN ANSWERS TO ALL SPACES
MADE IN RED PENCIL.

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DATE OF DEATH *02-28-38*
COUNTY *Madison* Registration District No. *647*
TOWNSHIP *Bayou* Primary Registration District No. *5857* Registered No. _____
CITY _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
FULL NAME *Harris*
RESIDENCE, No. *only name given* St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
MARRIED, WIDOWED, OR DIVORCED
BAND OF WIFE OF

BIRTH (MONTH, DAY, AND YEAR)

YEARS *9* MONTHS *9* DAYS *11* If LESS than 1 day, _____ hrs. or _____ min.

PROFESSION, OR PARTICULAR KIND OF
OCCUPATION, AS SAWYER, BOOKKEEPER, ETC.

OR BUSINESS IN WHICH WORK
DONE, AS SAW MILL, BANK, ETC.

DECEASED LAST WORKED AT
OCCUPATION (MONTH AND

11. Total time (years)
spent in this
occupation

CITY (CITY OR TOWN)
COUNTRY

PLACE (CITY OR TOWN)
COUNTRY

NAME

PLACE (CITY OR TOWN)
COUNTRY

DATE

REMOVAL, OR REMOVAL

DATE _____ 19____

LOCAL DIRECTOR
(ESS)

4-10 38 C.A. Beach
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-6*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from
19____ to 19____

I last saw h_____ alive on _____, 19____. Death is said
to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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.A. Beach*, M. D.

(Address) *Elyah*

