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

REC'D MAY 18 1938

Do not use this space.

14188

1. PLACE OF DEATH
County: Callaway
Registration District No.: 104
File No.: 14188
Township:
Primary Registration District No.: 3008
Registered No.: 87
City: Fulton (No. ..... St. ..... Ward)

2. FULL NAME: Sam Harris (Col)

(a) Residence, No. St. Louis St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DK

7. AGE: YEARS 33+ MONTHS DK DAYS DK
If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): DK
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

FATHER

13. NAME: DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER

15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT (ADDRESS): Hosp Records

18. BURIAL, CREMATION, OR REMOVAL: Anatomical board
PLACE Columbia, Mo DATE April 5, 1938

19. UNDERTAKER: J. O. Roberts
(ADDRESS) Columbia Mo

20. FILED Apr 9, 1938 R. N. Creus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1938, to Apr 5, 1938
I last saw him alive on Apr 4th, 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	DK
Insane	

Other contributory causes of importance: Age 82.
Tuberc

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? No
If so, specify
(Signed) J. A. Hopkins, M. D.
(Address) 106 Fulton 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.