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.

REC'D MAY 17 1938

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

Do not use this space.

14282

1. PLACE OF DEATH
County Carroll
Township Carrollton
City Carrollton (No. ..... St. ..... Ward)

2 1

Registration District No. 135
Primary Registration District No. 3010

File No. .....
Registered No. 45

2. FULL NAME Thomas Hilton Harris 620

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

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: Edna Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-14-1886

7. AGE: YEARS 51 | MONTHS 9 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
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): Kansas 1

FATHER
13. NAME: Geo Harris 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 5

MOTHER
15. MAIDEN NAME: Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Robert Harris Bogard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Horn DATE Apr 20 1938

19. UNDERTAKER (ADDRESS): E. A. Dickerson Bogard, Mo.

20. FILED 4-18 1938 Ruth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1938, to 4-18, 1938
I last saw him alive on 4-17, 1938. Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance: 94 B

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) H. B. Scovern 1, M. D.
130 (Address) Carrollton, Mo