

REC'D JUN 8 1938

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

18654
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township Lebanon Primary Registration District No. 4267 Registered No. _____
 (c) City Lebanon (d) Street No. Wallace Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) 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.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
Ferry L. Pe Harris (Infant) 6²¹1.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or min. 0 0 0
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 18, 1938 to May 19, 1938
 I last saw h. alive on May 18, 1938 Death is said to have occurred on the date stated above, at 2:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Congenital lead disease

Date of onset _____

Other contributory causes of importance: 157C
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon mo. Laclede Co.

FATHER
 13. NAME Don Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co.

MOTHER
 15. MAIDEN NAME Mary E. Lewis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) Don Harris Lebanon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelgreen DATE May 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. E. Holman Lebanon mo.

20. FILED 5-23-38 Ja M'Comb Local Registrar.

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) Ray A. Dentist, M. D.
 404 (Address) Lebanon, 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.

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STATEMENT BY LICENSED EMBALMER

I, Carl W. House, Licensed Embalmer No. 3955
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Carl W. House
Licensed Embalmer No. 3955

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)