

DEC 0 AUG 23 1938

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

Do not use this space.

24899

1. PLACE OF DEATH

 14 County Callaway
 Township Fulton
 City (No. St. Ward)

 Registration District No. 104
 Primary Registration District No. 5153

 File No.
 Registered No. 187
2. FULL NAME JAMES DOUGLAS HARRIS

(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 ma 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 - 38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

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) Fulton Mo13. NAME John Henry Harris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo.15. MAIDEN NAME Ruby Mae Potts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson city Mo.17. INFORMANT John H. Harris (father) (ADDRESS) Fulton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Pioneer Cem. DATE July 30 3819. UNDERTAKER Leo J Wallace (ADDRESS) Fulton20. FILED July 30 1938 R. N. Creve Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29, 193822. I HEREBY CERTIFY, That I attended deceased from 7/29, 1938, to 7/29, 1938I last saw him alive on 7/29, 1938 Death is saidto have occurred on the date stated above, at 7:00 a.m.

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

acute gastro-entero-celitis Date of onset 7/29/381198Other contributory causes of importance: malnutrition

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Henry Dunt, M. D.(Address) 610 Court, 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.

