

REC'D AUG 26 1938

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

26098
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 647
(b) Township Bayou Primary Registration District No. 5851 Registered No. _____
(c) City Elyas, Mo (d) Street No. _____
(e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis M. Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3-1871
7. AGE YEARS 67 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Kentucky
13. NAME H. T. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent
15. MAIDEN NAME York
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent

17. INFORMANT (ADDRESS) Fred Harris Elyas, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Elyas DATE 6-1-1938
19. FUNERAL DIRECTOR (ADDRESS) Roberts and Mast Harris Mo
20. FILED 8-11-38 C. A. Beach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-1938
22. I HEREBY CERTIFY, That I attended, deceased from May 28 1938, to May 30, 1938.
I last saw him alive on May 15 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Aortic stenosis

Other contributory causes of importance: 92 W

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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) Elyas, Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Dorothy J. Rowles, Licensed Embalmer No. 3437

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Dorothy J. Rowles

Licensed Embalmer No. 3437

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.)