

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

**35853**  
 Do not use this space.

REC'D NOV 21 1938

**1. PLACE OF DEATH**  
 (a) County Lowe Registration District No. 384  
 (b) Township West Plains Primary Registration District No. 427 Registered No. \_\_\_\_\_  
 (c) City West Plains (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
**2. PRINT FULL NAME** 620 Kirby Washington Harris  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Ma **4. COLOR OR RACE** wht **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF Lydia L. Harris  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Oct 30 - 1853  
**7. AGE**  
 YEARS 84 MONTHS 10 DAYS 20 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)** Copier Co., Mo.  
**13. NAME** Jno. Harris  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Copier Co., Mo.  
**15. MAIDEN NAME** Elizabeth Jones  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Morgan Co., Mo.  
**17. INFORMANT (ADDRESS)** Mrs. R. W. Harris, West Plains, Mo.  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Havel Valley DATE 9-24-38  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Robt. W. Heston, West Plains, Mo.  
**20. FILED** 9/21 1938 Vida W. Simons Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 9-20 1938  
**22. I HEREBY CERTIFY**, That I attended deceased from 8-4- 1938, to 9-20- 1938.  
 I last saw him alive on 9-18- 1938. Death is said to have occurred on the date stated above, at 5:30 hr.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Senility  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Exam 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) E. C. Bohrer, M. D.  
 (Address) West Plains, Mo.  
3:12

E. Claude Bohrer

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

*A. S. Roberts*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*A. S. Roberts*

Licensed Embalmer No.

3432

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**