

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 APR 13 1939

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

Do not use this space.

10550

1. PLACE OF DEATH
 25 County... Clinton 2
 4 Township..... 1
 0 City Plattsburg Mo...... (No.
 L20
 Registration District No. 207
 Primary Registration District No. 4125
 File No. 27
 Registered No. 11
 St. Ward)

2. FULL NAME George Allen 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ann Harris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16 1862
 7. AGE YEARS 76 MONTHS 6 DAYS 25 If LESS than 1 day, hra. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired laborer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to March 11 1939
 I last saw him alive on Jan 6 1939 Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset

Other contributory causes of importance: age

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) S. D. Reynolds / M. D.
Plattsburg Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /
 13. NAME George Harris /
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /
 15. MAIDEN NAME Lou Ann Washington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Ann Harris
 (ADDRESS) Plattsburg Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mecca Missouri DATE March 14 1939
 19. UNDERTAKER O'Brien - Lyon
 (ADDRESS) Plattsburg Missouri
 20. FILED Mar 14 1939 Emmie Chastain Registrar.

RECEIVED

District No. 117

District File Number 39-361

Date Filed APR 12 1939