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 20 1939

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

Do not use this space.

11875

File No. .....

Registered No. 114

Registration District No. 665

Primary Registration District No. 3039

1. PLACE OF DEATH

County: Pettis

Township: .....

City: Sedalia (No. 639 East 17th.St. St. ..... Ward)

2. FULL NAME Thomas W. Harris

(a) Residence, No. 639 East 17th.St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle H. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Retired

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) Winchester Mo. 0

FATHER

13. NAME James Harris 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessamine Co. Ky. 1

MOTHER

15. MAIDEN NAME Lucinda Bash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessamine Co. Ky.

17. INFORMANT (ADDRESS) Mrs. T. W. Harris Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Mar. 20, 1939

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home 90.6 Sedalia, Mo.

20. FILED 3-28-1939 Inez Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1939

I HEREBY CERTIFY, That I attended deceased from Feb 14 1939 to Mar 18 39, I last saw him alive on Mar 12 39. Death is said to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

Cancer of liver — Date of onset 7 Yrs

Gravel

46

Other contributory causes of importance: Cancer of liver

Name of operation None 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? No Date of injury ....., 19....

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No injury

Manner of injury No injury

Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) O. L. Trader, M. D.

(Address) Sedalia Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/10/39