REG'D MAY 16 1938

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

14675
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Cole. Registration District No. 213
(b) Township Primary Registration District No. 2014 Registered No. 98
(c) City Jefferson. (d) Street No. Oregon st. St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Drew Harris.
(a) Residence, No. 620 Oregon 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: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Mary Harris.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1846.

7. AGE: Years 92. Months 6. Days 2. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor.
9. Industry or business in which work was done, as saw mill, bank, etc. Farm + Ditch
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) Indiana. /

FATHER
13. NAME James Harris. /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia. /

MOTHER
15. MAIDEN NAME Unknown. /
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT Mary Harris.
(ADDRESS) Jefferson City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Int. Pleasant Lawn DATE 4/6 1939

19. FUNERAL DIRECTOR (NAME) Tanner Service.
(ADDRESS) Jefferson City.

20. FILED 4-6 1939 U Bedford M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1939, to April 4, 1939
I last saw h[illegible] alive on April 4, 1939. Death is said to have occurred on the date st[illegible]ve, at 10:30 p m.
The principal cause of death a[illegible]d causes of importance were as follows:

	Date of onset
Lecu[illegible] pneumonia	3
Heart [illegible]	15 yr

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date .....
What test confirmed diagnosis? Stethoscope 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) G Bruce M.D.
(Address) Jefferson City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, D. M. Davis, or by .....

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address Jefferson City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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