

RECORDED 19 1939

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

19354
Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 614
(b) Township NEWTONIA Primary Registration District No. 4-2-6-4
(c) City or (d) Street No. 5811 St.
(e) Length of residence in city or town where death occurred (f) How long in U. S., if of foreign birth?
yrs. mos. ds. yrs. mos. ds.

2. PRINT FULL NAME

Robert L. Harris
(a) Residence, No. St. (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 Elizabeth Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1862
7. AGE YEARS 72 MONTHS 6 DAYS 3 IF LESS than 1 day, hrs. or min.
OCCUPATION 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) Missouri
FATHER 13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
MOTHER 15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
17. INFORMANT (ADDRESS) Roger Harris Hastings Neb
18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown Mo DATE 5-14-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Delley Bigham Neosho Mo
20. FILED June 1 1939 R. R. Rolens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939, to, 19.....
I last saw him alive on May 12, 1939. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Date of onset
Chronic Nephritis ?
Other contributory causes of importance:
Hypertension
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? No
If so, specify
(Signed) R. L. Lawson, M. D.
(Address) Neosho Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1302

Date Filed JUN 13 1939

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, or by

Don Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed J. B. Bigman

Licensed Embalmer No. 2689

P. O. Address Neaketh

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.