

1939 AUG 11 1939

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

25119  
Do not use this space.

1. PLACE OF DEATH

(a) County Ouchaud Registration District No. 85

(b) Township Joseph Primary Registration District No. 1001

(c) City St Joseph (d) Street No. 1709 So 8th Registered No. 791

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Harris, The First

(a) Residence, No. 1709 So 8th 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1939

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

0 0 0 3 1/2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

13. NAME Willis Harris Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

15. MAIDEN NAME Florance Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo

17. INFORMANT (ADDRESS) Willis Harris Jr, 1709 So 8th St

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 31 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Neatbush, St Joseph Mo

20. FILED July 31, 1939 W. J. Neatbush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1939

22. I HEREBY CERTIFY That I attended deceased from July 30, 1939 to July 30, 1939

I last saw him alive on July 30, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Premature Delivery July 30, 39

Other contributory causes of importance: 154

None

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) W. J. Neatbush M. D.

(Address) 216 1/2 W Mo Ave

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.

*Not Embalmed.*

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

Signed.....

Licensed Embalmer No.....

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.**