

AUG 11 1939

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

85

25120

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001
(b) Township St Joseph Primary Registration District No. 50 Registered No. 792
(c) or City St Joseph (d) Street No. 1709 50 8th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1709 30 5th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 None Single

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 30 min.
0 0 0 30

OCCUPATION 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

FATHER 13. NAME Willis Harris Jr

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

MOTHER 15. MAIDEN NAME Florance Turner

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

17. INFORMANT (ADDRESS) Willis Harris Jr
1709 30 5th St

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 31-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parsons Mort
St Joseph Mo

20. FILED July 31, 1939 A. J. Keathley
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 20 1939 to July 30 1939
I last saw him alive on July 20 1939. Death is said to have occurred on the date stated above, at 8:00 a m.

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

Premature Delivery Date of onset July 28, 39
154
Other contributory causes of importance: 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) Leonty Woodson M. D.
(Address) 216 1/2 W. Main

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.