

AUG 10 1939

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

25143
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 188
(c) City Poplar Bluff, Mo. (d) Street No. Brandon Hospital 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 Vern Otha Harris
(a) Residence, No. 408 St. Francis, Kennett, Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1906

7. AGE YEARS 33 MONTHS 4 DAYS 23 IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as 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) Puxico, Mo.

FATHER
13. NAME J. W. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri

MOTHER
15. MAIDEN NAME Cordia Pucket
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Indiana

17. INFORMANT Raymond Harris
(ADDRESS) Puxico Mo

18. BURIAL PLACE Puxico, Mo. DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fenton White Puxico, Mo.

20. FILED 7/27 39 W. H. Whitinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28 1939 to July 25 1939.
I last saw him alive on July 25 1939. Death is said to have occurred on the date stated above, at 4:45 PM.
The principal cause of death and related causes of importance were as follows:
Carcinoma Liver Date of onset 1939

Other contributory causes of importance: Hb

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify No
(Signed) J. B. Kuehert M. D.
(Address) Poplar Bluff, 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.

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 *James W. Green*

Licensed Embalmer No. *2964*

P. O. Address *Koplar Bluff*

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.