AUG 12 1939

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

26954
Do not use this space.

1. PLACE OF DEATH
(a) County Saline. Registration District No. 799
(b) Township Primary Registration District No. 4479 Registered No. 35
(c) or City Slater (d) Street No. 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 620 James Harris
(a) Residence, No. 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-27-1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Ashland, Mo.

FATHER
13. NAME Tom Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Nora Harris
(ADDRESS) Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE July-27-39 Slater DATE Colored. 19

19. FUNERAL DIRECTOR (NAME) Jones & Salzer
(ADDRESS) Slater Mo.

20. FILED July 25 1939 W. M. Tuttle
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-23-39. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 1. 1939, to July 23 1939
I last saw h... alive on July 23 1939. Death is said to have occurred on the date stated above, at 10.35 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis -	1930
131	
Other contributory causes of importance:	
Nephritis	1935

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) O. W. Tedwell, M. D.
(Address) Slater Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS CERTIFICATE IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number 8/9/59
Date Filed

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. 3143

P. O. Address.....

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.