REC'D SEP 13 1939

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

Do not use this space.

File No. 29310

Registered No. 53

1. PLACE OF DEATH

County: Iron

Township: Arcadia

Registration District No. 391

Primary Registration District No. 5546a

City ..... (No. ..... St. ..... Ward)

2. FULL NAME 620 James Monroe Harris

(a) Residence, No. ..... Arcadia Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2, 1862

7. AGE: Years 77 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): 5 years

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elvins Mo.

FATHER

13. NAME: Henry Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mandy Gun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT: Kenneth Harris
(ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elvins Mo. DATE August 21, 1939

19. UNDERTAKER: Norman White & Sons
(ADDRESS) Ironton Mo.

20. FILED Aug 24, 1939 R. A. Ranche
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1939, to Aug. 19, 1939

I last saw him alive on Aug. 19, 1939. Death is said to have occurred on the date stated above, at 2.40 P. M.

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

	Date of onset
Pneumonia, bronchial	8-16
Malaria	
Nephritis, chronic	
Myocarditis, chronic	
Arterial sclerosis, general	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Ex. 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) Ben M. Bull, M. D.

(Address) Ironton, 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.