

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

32960
Do not use this space.

1. PLACE OF DEATH OCT 13 1939

(a) County Marion Registration District No. 547

(b) Township Mason Primary Registration District No. 3029

(c) City Hannibal (d) Street No. 1405 Union St. _____

(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 William Henry Harris

(a) Residence, No. 1405 Union St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amy Harris				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6, 1853				
7. AGE	YEARS 85	MONTHS 9	DAYS 2	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R.			
	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)	New London Missouri			
FATHER	13. NAME William H. Harris			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky			
MOTHER	15. MAIDEN NAME Margret Ann Mayhall			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT (ADDRESS) Mrs. Wm. H. Harris 1405 Union				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mt. Olivet 9/11/39				
19. FUNERAL DIRECTOR (NAME AND ADDRESS) Smiths Funeral Home Hannibal Mo.				
20. FILED Sept 8 1939 <i>W. L. Fisher</i> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1939	
22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1939 to Sept 7 7 1939 I last saw him alive on <u>aug 7</u> 1939. Death is said to have occurred on the date stated above, at <u>11:15 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u>	
Other contributory causes of importances <u>Senility</u>	
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? <u>no</u> If so, specify _____ (Signed) <u>A. P. Blue</u> , M. D. (Address) <u>Hannibal Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Blue

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.....

..... **J.J.Marsh L.E.3932** Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed-Embalmer No..... **3814**

P. O. Address **Hannibal MO**

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.