

JUN 16 1940

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

18271
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 1113
(b) Township Oedge Primary Registration District No. 5317
(c) City or (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 WILLIE JEFFERSON HARRIS

(a) Residence, No. Crawford Co. Mo. Rural (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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 9 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Cherryville Mo.

FATHER 13. NAME Tom Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherryville Mo.

MOTHER 15. MAIDEN NAME Annie Dinker

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

17. INFORMANT Annie Harris (ADDRESS) Cherryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLAC Martin Cemetery DATE 5-13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Jones Steelville Mo.

20. FILED 5-14 1940 E E Feely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12 1940

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1940, to May 11, 1940
I last saw h. l. m. alive on March 16, 1940 Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Pericardial adhesions to anterior chest wall
Date of onset not known

Other contributory causes of importance: Pericardial adhesions to anterior chest wall

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) William H. Robey, M.D.
211 (Address) Steelville Mo.

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 importa

50M-9-19-38
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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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

Signed..... *[Signature]*.....

District File Number 640703

Licensed Embalmer No. 2379

Date Filed 6/24/40

P. O. Address..... *[Signature]*.....

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.