

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

Do not use this space.

FILLED OCT 28 1941

36422 1/3

1. PLACE OF DEATH

County North
Township Willsboro
City North (No. 1)

Registration District No. 903
Primary Registration District No. 6213

File No. 5
Registered No. 5
St. North Ward 1

2. FULL NAME Roy Wilton Harris

(a) Residence, No. North Missouri St., North Ward.

(Usual place of abode) Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Paul Harris</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 1894</u>		
7. AGE <u>47</u>	YEARS <u>2</u>	MONTHS <u>3</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Meriden, Mo.
(STATE OR COUNTRY)

13. NAME Charles Harris

14. BIRTHPLACE (CITY OR TOWN) North County Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Louie Wilson

16. BIRTHPLACE (CITY OR TOWN) North, Mo.
(STATE OR COUNTRY)

17. INFORMANT Alvin Harris
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Went Cemetery DATE Sen, 2

19. UNDERTAKER Wesley Andrews
(ADDRESS)

20. FILED Oct 8 19 41 Clifford Kase
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 19 41

22. I HEREBY CERTIFY, that I attended deceased from July 1, 19 40 to Sept 1, 19 41

I last saw him alive on Sept 1, 19 41. Death is said to have occurred on the date stated above, at 10 a.m.

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

Sarcocystis Rectum Date of onset 1940

Other contributory causes of importance: Hb 2

Name of operation Laparotomy Date of 1940

What test confirmed diagnosis? Spec. 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

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 Charles A. Williamson M.D.

(Signed) Clifford Kase (Address) North, 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.

