

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.

FILED NOV 5 1943

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

35512
Do not use this space.

1. PLACE OF DEATH
 (a) County Pike Registration District No. 277
 (b) Township Course Primary Registration District No. 4411
 (c) City Bowling Green (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 ALONZO HARRIS
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) Mo
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 7

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>79</u>	<u>7</u>	<u>9</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Callaway Co. Mo

FATHER 13. NAME Alloy Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

MOTHER 15. MAIDEN NAME Miss Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

17. INFORMANT (ADDRESS) Mrs Lera Woods Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE 10-21-1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grace Banfield Bowling Green Mo.

20. FILED 10/28 1943 Mrs Frank Ladd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/21 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1943 to 10/21 1943
 last saw h. alive on 10/15 1943 Death is said to have occurred on the date stated above, at 2 P m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 10/21/43

Other contributory causes of importance:
Chronic Endocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) M. M. Weeks M. D.
 (Address) Bowling Green Mo.

RECEIVED
District Health Officer No. 10
District File No. 11-43-1739
Date Filed NOV 3 1948

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.....

P. O. Address.....

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.