

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

Do not use this space.

5487

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township Clinton Primary Registration District No. 2018 Registered No. 137
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Washington Christopher Harris
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
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 <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. W. C. Harris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-22-1883</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>7</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labored</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Barber Shop</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) (STATE OR COUNTRY) <u>Clinton, Mo</u>				
MOTHER FATHER	13. NAME <u>Reese Harris</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Laura Harris</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oswatimie Mo</u>			
17. INFORMANT (ADDRESS) <u>Laura Harris Clinton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton</u> DATE <u>2-13-33</u>				
19. UNDERTAKER (ADDRESS) <u>Sim's Funeral Home</u>				
20. FILED <u>2/13</u> 19 <u>33</u> <u>Ed C. Peeler</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1912, to _____, 19____
I last saw him alive on Jan 24, 1933. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:
Syphilis. Extension of aneurysm
347 347
Date of onset unknown

Other contributory causes of importance:
Dropsey & Heart Failure

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? _____ If so, specify _____
(Signed) Geo S. West M. D.
(Address) 500 S Third Clinton 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 important.

