

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Tebo  
City (No. ....) .....

Registration District No. 349  
Primary Registration District No. 5487

File No. 16360  
Registered No. 11  
St. .... Ward)

**2. FULL NAME** Wm B. Harris

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (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 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 Anna Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) One day 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Aurelius Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Eliza Ritchey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT John Harris  
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Missouri DATE 5-19-33 19.

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL  
(ADDRESS) WINDSOR MISSOURI

20. FILED May 19 19.33 Mrs. U. U. Gay  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18-33 19

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933, to May 18, 1933  
I last saw him alive on May 18, 1933. Death is said to have occurred on the date stated above, at 3:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
82A  
82W

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? History 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? no  
If so, specify .....  
(Signed) T. A. Blackmore, M. D.  
(Address) Windsor, Mo.

WRITE CAREFULLY 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.

JUN 22 1933

MOTHER FATHER 1 2 2

