

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.

JUL 25 1936

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

Do not use this space.

238023

1. PLACE OF DEATH

County Ball
Township Salt River
City Perry Mo.

Registration District No. 727
Primary Registration District No. 4483

File No. 16
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Perry Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 78 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1857

7. AGE YEARS 78 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

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) Perry Missouri

13. NAME Henry Harris

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

15. MAIDEN NAME Myrtle W. Harris

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

17. INFORMANT (ADDRESS) Henry Harris Jr.
Perry Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Creek DATE June 3, 1936

19. UNDERTAKER (ADDRESS) Clayton G. Elbey
Perry Mo.

20. FILED 6-3 1936 Geo C. Russell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1936

22. I HEREBY CERTIFY That I attended deceased from April 19 1936, to May 28 1936

I last saw him alive on May 28 1936 Death is said to have occurred on the date stated above, at 2:30 A. M.

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

Coronary thrombosis Date of onset 4-19-36

Other contributory causes of importance: Thyroid gland and chronic cystitis 15 yrs ago

Name of operation none 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? No
If so, specify _____

(Signed) Wm. Russell D. O. M. D.
(Address) Perry Mo.

