

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

Do not use this space.

2890

21

**1. PLACE OF DEATH**

County Henry

Registration District No. 347

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 5488

Registered No. \_\_\_\_\_

City Clinton, Mo. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Norman Eugene Harris 620

(a) Residence, No. Clinton, Mo. R.R. 1 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1938 to Jan 28 1938  
I last saw him alive on Jan 1 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 - 11 - 1933

to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 8 17

Date of onset

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. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Acute Hemorrhagic nephritis

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

Other contributory causes of importance:  
Scarlet fever  
Pericardial Thymus

FATHER 13. NAME James F. Harris

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yo

MOTHER 15. MAIDEN NAME Opal Bailey

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) James F. Harris  
Clinton, Mo. R.R.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Braunington, Mo. DATE 1-29 1938

24. Was disease or injury in any way related to occupation of deceased? yo  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Conner & Pech  
Clinton, Mo.

(Signed) S. W. Nothen, M. D.

20. FILED 1-29 1938 J. R. Hampton Registrar

(Address) Clinton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH