

MISSOURI JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Hawley*
Township *White Oak*
City *Hatch* (No. _____) (St. _____) (Ward _____)

Registration District No. *347*
Primary Registration District No. *5495*

File No. *21965*
Registered No. _____

2. FULL NAME

Charles Shelton Harris

(a) Residence, No. *Ulrich* *Mo.* St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. mos. *30* ds. How long in U. S., if of foreign birth? *62* yrs. *2* mos. *25* 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 *Lina Ladonna Randolph*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 6th 1894*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 *2* *25*

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

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

10. Date deceased last worked at this occupation (month and year) *1931* 11. Total time (years) spent in this occupation. *30*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brighton base Mo Missouri*

13. NAME *Jack Harris*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

15. MAIDEN NAME *Miss Scott*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT *Thora Harris* (ADDRESS) *Ulrich Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ulrich Cemetery* DATE *June 2* 1938

19. UNDERTAKER *Eggh Reese* (ADDRESS) *Trot Scott Kansas*

20. FILED *6-14* 1938 *Dr J R Hampton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 31st* 1938

22. I HEREBY CERTIFY, That I attended deceased from *May 25*, 1938, to *May 31st*, 1938

I last saw him alive on *May 31st*, 1938. Death is said to have occurred on the date stated above, at *10⁰⁰ a.m.*

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

Cerebral Softening
87 C

Date of onset
?
?
?

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? *Physical* 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) *J. S. McDonald* M. D.

(Address) *Ulrich - 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.

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