

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County *St. Francois*  
Township *Randolph*  
City *Eastwell* (No. ...., St. .... Ward)

Registration District No. *279*  
Primary Registration District No. *6024A*

File No. *6268*  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

*Harold C. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Rola Harris</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 24, 1898</i>		
7. AGE YEARS <i>35</i>	MONTHS <i>2</i>	DAYS <i>24</i>
If LESS than 1 day, .... hrs. or .... min.		

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.	<i>Contractor</i>
	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) *Deer Lodge Mo.*13. NAME *M. S. Harris*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kenn.*15. MAIDEN NAME *Ordelia Wiley*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*17. INFORMANT (ADDRESS) *Rola Harris Eastwell, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Park View* DATE *Feb 20, 1934*19. UNDERTAKER (ADDRESS) *C. F. Loyer Deerpark, Mo.*20. FILED *2-19* 19*34* *W. B. Blackburn* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Feb 14* 19*34* to *Feb 18* 19*34*I last saw him alive on *Feb 18* 19*34*. Death is said to have occurred on the date stated above, at *8:30 A. m.*

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

*Lobar pneumonia*Date of onset  
*2/14/34*Other contributory causes of importance:  
*bronchial pneumonia*Name of operation *Amput* Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Date of injury .....

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 *Harold C. Harris* (Signed) .....*Deer Lodge Mo* (Address) .....

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.

