

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

Do not use this space.

JAN 16 1936

39914

**1. PLACE OF DEATH**

County Jasper  
Township \_\_\_\_\_  
City Alva Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 405  
Primary Registration District No. 4239

File No. \_\_\_\_\_  
Registered No. 7

**2. FULL NAME**

(a) Residence, No. Alva Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30th 1918  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond Mo.

13. NAME Wm E. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo.

15. MAIDEN NAME Flora Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond Mo.

17. INFORMANT Wm E. Harris (ADDRESS) Alva Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. O. O. F. Cemetery DATE 12/24/35

19. UNDERTAKER Ullmer Funeral Home (ADDRESS) Carthage Mo.

20. FILED Jan 1 1936 Effie Green Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1935, to Dec 21, 1935.  
I last saw him alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 5:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Influenza  
Epilepsy  
Date of onset \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? If so, specify \_\_\_\_\_  
(Signed) W. V. Hogan, Coroner, M. D.  
By R. B. Clifton, Loc Registrar  
(Address) Carthage Mo.

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.

