

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

Do not use this space.

18833

1. PLACE OF DEATH

County Ingraham
Towship Harrison
City (No)

Registration District No. 576
Primary Registration District No. 5773

File No. _____
Registered No. 10 St. _____ Ward)

2. FULL NAME

Henry 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 35 yrs. mos. _____ How long in U.S., if of foreign birth? yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. COLOR OR RACE** Colored | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>about 72</u>	<u>0</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT W. D. Finke
(Address) High Point No.

15. FILED 6-10-29 W. D. Finke REGISTRAR

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17-1929

17. I hereby certify that Henry Harris died _____ 19____ at _____, _____, _____, 19____, and that death occurred, on the date stated above, at _____, _____, _____, _____, 19____, and that _____, _____, _____, _____, 19____, was the cause of death.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown. Last seen alive by Henry Amos Cleanbro May 17-1929 7 P.M. 2018

CONTRIBUTORY (SECONDARY) None

18. WHERE WAS DISEASE CONTRACTED? None

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? acting coroner
(Signed) W. D. Finke
, 19____ (Address) High Point No.

*State the DISEASE CAUSING DEATH, or in deaths from UNKNOWN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lipton No. **DATE OF BURIAL** 5-21-1929

20. UNDERTAKER Jessie E. Richards Lipton No.

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.

IMMEDIATE RECORD

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