

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

Do not use this space.

546

FEB 27 1929

1. PLACE OF DEATH

County Carroll  
Township  
City Carrollton (No. ....)

Registration District No. 135  
Primary Registration District No. 3010

File No. ....  
Registered No. 2  
St. .... Ward)

2. FULL NAME

L. H. 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. 2 mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-15-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 | 6 | 25 |

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Minister  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Capo Girardeau Mo

10. NAME OF FATHER Thomas Harris

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 Lucinda Harris  
(Address) Carrollton Mo

15. FILED 1-10 1929 Mrs E. E. Farnham  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1929

17. I HEREBY CERTIFY, That I attended deceased from L.H.C. 74th, 1928, to abundant, 1929, that I last saw h. alive on abundant, 1929, and that death occurred, on the date stated above, at .....

11B THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Unknown but believe said death resulted from influenza  
(duration) yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 110  
(duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? In Carrollton  
IF NOT AT PLACE OF DEATH, (.....)

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. O. Harris, M. D.

1-10, 1929 (Address) Carrollton Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrensburg Mo DATE OF BURIAL 1-12 1929

20. UNDERTAKER Stanley ADDRESS Carrollton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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