

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

Do not use this space.

25616

**1. PLACE OF DEATH**

17 County Cassell

Registration District No. 135

Township 3

Primary Registration District No. 2010

4 City Cassellton (No. 118)

north Folger

File No. ....

Registered No. 61

St. 4th Ward

**2. FULL NAME**

Roland O 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 30 yrs. .... 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician  
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) Clay City Ill. 2

13. NAME Benjamin Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Elizabeth Van Dever

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs Ida O Harris Cassellton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Casket Hill Cem DATE 8-7 1932

19. UNDERTAKER (ADDRESS) W. Ellis Funeral Home Cassellton Mo

20. FILED 8-6 1932 Mrs E E. F. Johnson Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 5, 1932

I last saw him alive on August 5, 1932 Death is said to have occurred on the date stated above, at 8 P m.

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

distention cordiae (acute)

1320  
1203  
950

Other contributory causes of importance:

enteric colitis - chronic

Name of operation ..... 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? no

If so, specify .....

(Signed) Charles S. Austin, M. D.

(Address) Cassellton 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.

SEP 22 1932

1932 8 5  
1757-6-17  
81-1-18