

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.

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carroll  
Township South  
City North (No. ....)

Registration District No. 136  
Primary Registration District No. 6254

File No. 17967  
Registered No. ....  
St. .... Ward)

2. FULL NAME

William 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 - 1923</u>		
7. AGE	YEARS	MONTHS
	<u>14</u>	<u>4</u>
		<u>17</u>
If LESS than 1 day, .... hrs. or .... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawycr, bookkeeper, etc. <u>at school</u>	
	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. <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Texas</u>		
FATHER	13. NAME <u>Crawford Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Ala</u>	
MOTHER	15. MAIDEN NAME <u>Bessie Brasse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
17. INFORMANT (ADDRESS) <u>Mrs. W. E. Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo</u> DATE <u>May 13</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>W. Maerz</u>		
20. FILED <u>May 13</u> 19 <u>38</u> <u>Alla Henderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....  
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at.....m.  
The principal cause of death and related causes of importance were as follows:  
Drown g. 1938  
Went in swimming 1 mile south Brunswick Mo.  
Date of onset .....

Other contributory causes of importance:  
Public

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? A.C.C.R Date of injury 5-11, 1938  
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) E. A. Dickerson M.D., (Address) Bogard Mo

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