

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

Do not use this space.

35694

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 1072

City St. Joseph,

(No. pierce Hospital & Sanitarium)

St. _____ Ward _____

2. FULL NAME Daniel W. Harris,

(a) Residence, No. _____

St. _____

Ward. Amity, MO.

(If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. _____

mos. 3

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>June 6th, 1853</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>4</u>
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm,</u>		
10. Date deceased last worked at this occupation (month and year) <u>November, 1933</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton County, Ohio</u>		
13. NAME <u>John Harris,</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ohio,</u>		
15. MAIDEN NAME <u>Susan Fashbaugh,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ohio,</u>		
17. INFORMANT (ADDRESS) <u>Jewel P. Peleher, Maysville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amity, MO.</u> DATE <u>Nov. 3rd 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Heaton, Beale & Brunner, 319 South 10th St., St. Joseph, Mo.</u>		
20. FILED <u>11-4-33</u> <u>John R. Bender, Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to Nov 1, 1933

I last saw him alive on Nov 1, 1933 Death is said to have occurred on the date stated above, at 3:25 p.m.

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

Gangrene of left foot
Caused from a shoe rubbing foot

Other contributory causes of importance:

1. Debility.

Name of operation Amputation of 5th metatarsal of left foot

What test confirmed diagnosis? Phys. finding Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no. 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) J. O. Pierce, M.D.

(Address) 801 1/2 Francis St. Joseph, Mo.

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

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.

NOV 8 1933

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