

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

Do not use this space.

JAN 9 1937

45312

1. PLACE OF DEATH

County Laclede Registration District No. 449
 Township Lebanon Primary Registration District No. 4267
 City Lebanon (No.) (If nonresident, give city or town and State) (Ward)

2. FULL NAME Wm Myron 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 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 Myrtle Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Foreman

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) Green Co Mo

13. NAME Chas E. Harris

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Nies Chapman

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Thrs Myrtle Harris
2333 N. National Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 1/2 1937

19. UNDERTAKER (ADDRESS) W.E. Halman
Lebanon Mo

20. FILED 12-31-36 1936 J. A. M. Court Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1936

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 about 11 a.m.

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

Skull Fracture Date of onset

Other contributory causes of importance:

Wound on forehead
Fracture of L. collar bone

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury 12-31-1936

Where did injury occur? Laclede Co. Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highway

Manner of injury Car wreck, collision

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. Summers M. D.

(Address) Lebanon Mo

WHITE PRINT, 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.

