

DEC 19 9 1939

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

Do not use this space.

42598

1. PLACE OF DEATH

County CAMP G. RARDEAU Registration District No. 125-
Township LORRAINE Primary Registration District No. 3009
City Camp Hill (No. ST FRANCIS HOSPITAL) St. _____ Ward _____

File No. _____
Registered No. 416
St. _____ Ward _____

2. FULL NAME Cortaland Stanley 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 I 8

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

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) Bollinger Co. Mo.

13. NAME J. A. Harris

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

15. MAIDEN NAME N. V. Cameron

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

17. INFORMANT Wm. Harris (ADDRESS) Patterson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Gee Chapel DATE Jan. 1st, 1939

19. UNDERTAKER Baker Funeral Home (ADDRESS) Lutesville, Mo.

20. FILED 1-2-31-1939 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/27/38 to 12/31/38

I last saw him alive on 12/31/38, 1938 Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Myocarditis
241
Other contributory causes of importance:
Myocarditis
MUSTOPIITS

Name of operation NONE 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? _____ Date of injury _____, 19 _____

Where did injury occur? None (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) _____, M. D.

(Address) Cape Girardeau

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.

