

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

Do not use this space.

24148

1. PLACE OF DEATH

County Barry Registration District No. 21
Township _____ Primary Registration District No. 4022
City Purdy (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME Fred 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esther Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1906</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>1</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lavender</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Creston Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 29th 1931 to July 17th 1931.
I last saw him alive on July 12th 1931. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Typhoid Fever Date of onset _____
100%
Other contributory causes of importance: Hemorrhage

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) T. B. Keely, M. D.
Purdy Mo. (Address)

FATHER	13. NAME <u>Arthur Harris</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
MOTHER	15. MAIDEN NAME <u>Mary Wiles</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
17. INFORMANT <u>Mrs. Arthur Harris</u> (ADDRESS) <u>Esther</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Exeter</u> DATE <u>July 18, 1931</u>	
19. UNDERTAKER <u>Blankschick & Barry</u> (ADDRESS) <u>Purdy Exeter</u>	
20. FILED <u>8-10</u> 19 <u>31</u> <u>Matth Blankschick</u> Registrar.	

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.

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

AUG 24 1931

1949

MAY 14 1949

MAY 7 1949