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

Do not use this space.

37984

1. PLACE OF DEATH

County St. Francois — Registration District No. 779 — File No.

Township Randolph — Primary Registration District No. 6024a — Registered No.

City ~~Desloge~~ Desloge (No. ..... St. ..... Ward)

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ardilia Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7 - 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	10	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER Cetherie Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Julia Kidd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT Ardilia Harris
(Address) Desloge Mo.

15. FILED 12-20, 1927 R B Reid
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec - 13, 1927, to Dec - 19, 1927 that I last saw h~~im~~ alive on Dec - 19, 1927, and that death occurred, on the date stated above, at 9 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis
106A
137
112 (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Bronchial asthma T
Chronic prostatitis (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 9 10
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. M. Fuelon, M. D
12-20, 1927 (Address) Desloge Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — Parkview Cemetery — DATE OF BURIAL Dec. 21 1927

20. UNDERTAKER C. J. Boyer — ADDRESS Desloge Mo.

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.