

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

**1 PLACE OF DEATH**

County St. Louis  
Township Carondelet  
or  
Village Jeff. Brks., Mo.  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1123 File No. 35581  
Primary Registration District No. 6248B Registered No. 647

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Harvey C. McDaniels

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH unknown 1888  
(Month) (Day) (Year)

7 AGE 30 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Soldier  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS 10 NAME OF FATHER unknown  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown  
12 MAIDEN NAME OF MOTHER unknown  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. C. Decker  
Capt., M.C., U.S.A.  
(Address) Jeff. Brks., Mo.

15 OCT 18 1918  
Filed \_\_\_\_\_ 1918 L. O. Olbrook  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH: October 12 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from October 30, 1918, to October 12, 1918, that I last saw him alive on October 12, 1918, and that death occurred, on the date stated above, at 12:45a m.  
The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia, lower lobes, both lungs, and upper lobe, right lung.

CONTRIBUTORY (Secondary) \_\_\_\_\_  
Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) A. C. Decker M. D.  
October 12 1918 Capt., M.C., U.S.A.  
(Address) Jeff. Brks., Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Cansville Mo DATE OF BURIAL Oct 14 1918

20 UNDERTAKER Southern ADDRESS 7315 S. 1st

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.

WHILE FADING INK—THIS IS A PERMANENT RECORD

