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

Do not use this space.

36135

JAN 23 1928

1. PLACE OF DEATH
County: Butler
Township: Poplar Bluff
City: (No. ..... St. ..... Ward)

Registration District No.: 89
Primary Registration District No.: 5-131

File No.:
Registered No.: 305

2. FULL NAME: Stephen Thomas Harroald
(a) Residence. No. ashcraft Add. 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Harroald

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 12 1831

7. AGE: Years 96 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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: Wm Harroald.
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): unknown

14. INFORMANT: Wm Harroald.
(Address): Poplar Bluff Mo

15. FILED 12/19 1927 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 17, 1927, that I last saw him alive on Dec 17, 1927, and that death occurred, on the date stated above, at 3.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Debility
167

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. S. Bailey, M. D
12-19, 1927 (Address) Poplar Bluff 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: Kinsey Graveyard
DATE OF BURIAL: 12-19 1927

20. UNDERTAKER: None
ADDRESS

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.