MAR 21 1928

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

Do not use this space.
7383

1. PLACE OF DEATH
County: Saline — Registration District No.: 796 — File No.:
Township: Marshall — Primary Registration District No.: 6039 — Registered No.: 29
City: Marshall Mo (No. ..... St. ..... Ward)

2. FULL NAME Arthur Harmon
(a) Residence. No. Missouri State School St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 3 mos. 19 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	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/1897 (?)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	31 (?)			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTY)
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTY)

14. INFORMANT: Mo State School
(Address) Marshall Mo

15. FILED 2/22 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/18 1928

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1927, to Feb. 18, 1928, that I last saw him alive on 2-17-28, 1928, and that death occurred, on the date stated above, at 6:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic intestinal catarrh
12 DB
8 DB (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Idiocy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) G. L. Roberts, M. D
2/22, 1928 (Address) Marshall 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	DATE OF BURIAL
~~City~~ Mo. State School	Feb 22 1928

20. UNDERTAKER	ADDRESS
Vandiver - Swing	Marshall 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.