

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

Do not use this space.

10634

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. Barnard Skin - Cancer Hosp)..... Ward)

File No. ....  
 Registered No. **12377**

**2. FULL NAME**

(a) Residence. No. 3953 a) McPherson 79 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2 19 28

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Harbin

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to 3-2, 1928, (that I last saw h. in alive on 3-2, 1928, and that death occurred, on the date stated above, at 9:45 P.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-7-1860

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic hypocalcemia with acute fulmine. Chronic nephritis  
Chronic hypertrophic prostatic  
 (duration) chronic yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 | 10 | 25 | =

CONTRIBUTORY (SECONDARY) Carcinoma of tongue  
 (duration) 1 yrs. 45 mos. 5 ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work salesman  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer Bruders Co

18. WHERE WAS DISEASE CONTRACTED at home 1927  
 IF NOT AT PLACE OF DEATH at home 1927

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

1. DID AN OPERATION PRECEDE DEATH. yes DATE OF 2-1-28  
 WAS THERE AN AUTOPSY? no

10. NAME OF FATHER A J Harbin

WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) J H Jorstad, M. D.  
3/3, 1928 (Address) 3427 Washington

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

12. MAIDEN NAME OF MOTHER Anne J Smith

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

14. INFORMANT Mrs. M. Tyler  
 (Address) Barnard S. + Cancer Hosp. Neosho Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Neosho Mo DATE OF BURIAL 3-3 19 28

15. FILED MAR -3 1928 Maub Starvedoff  
 REGISTRAR

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash

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.

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