

109
MAY 31 1928

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

Do not use this space.

12692

1. PLACE OF DEATH
 County Cole Registration District No. 213 File No. _____
 Township _____ Primary Registration District No. 3014 Registered No. 109
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Harry Thomas Vernon
 (a) Residence. No. _____ St. _____ Ward. Oakland Ky
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 3 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) single

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

6. DATE OF BIRTH (MONTH, DAY, YEAR) Apr 29-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 | 11 | 15

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

9. BIRTHPLACE (CITY OR TOWN) Oakland
 (STATE OR COUNTRY) Ky

10. NAME OF ~~FATHER~~ M Vernon

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

12. MAIDEN NAME OF MOTHER Mary J Labree

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

14. INFORMANT A F Vernon
 (Address) Oakland Ky

15. FILED 4-30-28 S. Bedford
 _____ 1928 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 28

17. I HEREBY CERTIFY, That I attended deceased from April 14 - April 14, 1928, to April 14, 1928 that I last saw him alive on 4-14, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation

_____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. Waller, M. D.
 (Address) Jefferson City 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.

18. PLACE OF BURIAL, CREMATION, OR REMOVAL Oakland Ky DATE OF BURIAL 4/16/28

19. UNDERTAKER James Tamm ADDRESS _____

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.

