

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

Do not use this space.

33200

**1. PLACE OF DEATH**

County Winkler  
Township Buffalo  
City..... (No..... St..... Ward)

Registration District No. 283  
Primary Registration District No. 5492

File No.....  
Registered No.....

**2. FULL NAME** M. L. Harn

(a) Residence. No..... St..... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.

**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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New City, Smiths  
(STATE OR COUNTRY)

10. NAME OF FATHER G. M. Taylor

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

12. MAIDEN NAME OF MOTHER Mollie Edger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Flats, Mat.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Taylor  
(Address) Smiths Route 3

15. FILED..... 19..... Dr. A. R. Reiser  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9, 1928

17. I HEREBY CERTIFY, That I attended deceased from 5:15 P.M. 1928, to 9:15 P.M. 1928, and that I last saw him alive on Oct 9, 1928, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Heart failure, only lived 2 hours. The mother had been sick several days.  
7:00 P.M. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) W.D.B.  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? W.D.B.  
IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) W. H. Russell, M. D.  
, 19 (Address) Smiths 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 Percell Cemetery DATE OF BURIAL: Oct. 9, 1929

20. UNDERTAKER Leo Newcomb ADDRESS Smiths, Mo.  
Brook

N. E.—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.

PERMANENT RECORD

