

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

Do not use this space.

40351

**1. PLACE OF DEATH**

County Henry  
Township Leesville  
City Leesville (No. 1)

Registration District No. 347  
Primary Registration District No. 550/A

File No. 144  
Registered No. 144  
St. Mo Ward 1

**2. FULL NAME**

(a) Residence. No. 1 St. Mo Ward 1

(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 Female 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 [Signature]

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 2 10 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at school  
(b) General nature of industry, business, or establishment in which employed (or employer) —  
(c) Name of employer —

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

10. NAME OF FATHER J.W. Harvey

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

12. MAIDEN NAME OF MOTHER Lina Victory

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

14. INFORMANT Thorn Harvey  
(Address) Case Mo R D

15. Dec 7 1928 Dr. E.C. Peeler  
FILED per J.H. REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1928

17. I HEREBY CERTIFY That I attended deceased on  
Dec 6 1928, to —  
that I last saw her alive on Sept 26 1924, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Catarhoid  
11A Pneumonia  
107A

CONTRIBUTORY (SECONDARY) Influenza  
(duration) 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH no  
DID AN OPERATION PRECEDE DEATH? no DATE OF no  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) E.C. Peeler, M.D.  
, 19 1928 (Address) Clinton 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 Hogles Creek Cemetery DATE OF BURIAL 12/7 1928

20. UNDERTAKER Simms-Wilkerson ADDRESS Clinton 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.

WHITE PAPER, WITH GREEN

