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

Do not use this space.

FEB 25 1929

5166

107
0
0

1. PLACE OF DEATH
County Texas — Registration District No. 865 — File No.
Township Cass No 3 — Primary Registration District No. 6143 — Registered No.
City Simmons (No. ..... St. ..... Ward)

2. FULL NAME Voyl Harman Infant Son
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Infant Son of Earnest Harman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28-1926.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	10	3	

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

9. BIRTHPLACE (CITY OR TOWN) Simmons
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Earnest Harman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Simmons
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER ~~Julia Bryant~~ Clara Burnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Solo
(STATE OR COUNTRY) Texas

14. INFORMANT .....
(Address)

15. FILED Jan 1, 1929 R. P. Hubbard
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928 to Jan 1, 1929 that I last saw him alive on Dec 31, 1928, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal Meningitis & Enteritis
179 X
99 A
120 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Supposed Accidental Poisoning
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) N. F. Herron, M. D
Jan 1, 1929 (Address) Houston 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: Solo — DATE OF BURIAL: Jan 1 1929

20. UNDERTAKER: G V Elliott — ADDRESS: Houston 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.