

PR 30 1929

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

Do not use this space.

4403 7544  
File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Shelby  
Township Rolla  
City Rolla (No. \_\_\_\_\_)

Registration District No. 677  
Primary Registration District No. 4403

2. FULL NAME

George Harmon

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Wed.

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

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

Don't know 1845

7. AGE

YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.  
84 04 04

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

Retired Farmer

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

Kentucky

10. NAME OF FATHER

OK

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

OK

12. MAIDEN NAME OF MOTHER

OK

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

OK

14. INFORMANT (Address)

Clara Harmon  
Rolla, Mo

15. FILED

2/18/29 J. F. Myers  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1929, to Feb 16, 1929 that I last saw him alive on Feb 16, 1929, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Crushed by Auto accident  
2100 246

CONTRIBUTORY (SECONDARY)

none

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Group

(Signed) J. F. Mitchell, M. D.

2-16, 1929 (Address) Rolla, 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 DATE OF BURIAL

Rolling, Mo 2/18/29

20. UNDERTAKER ADDRESS

H. W. Madison Rolla

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.

Riding on main bus from Houston  
to Rocking on Highway 63 near Houston  
when bus hit pig in road and turned  
over.