

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

Do not use this space.

13559

1 PLACE OF DEATH  
 County Sullivan Registration District No. 85-2  
 Township Polk Primary Registration District No. 4515  
 City Milan (No. ....) St. .... Ward)

File No. ....  
 Registered No. 20

2. FULL NAME Ruan Eve Sevier  
 (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 56 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph De Witt Sevier  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
79 6 14

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER John B. Harmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boyle Co., Kentucky  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elij. W. Hurlong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russell Co., Virginia  
 (STATE OR COUNTRY)

14. INFORMANT Lizzie Payne  
 (Address) Green City, Mo.

15. FILED 3-9-29 Burton McClary  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1929  
 17. I HEREBY CERTIFY That I attended deceased from Sept. 1, 1928, to March 3, 1929  
 that I last saw him alive on March 3, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senile degeneration of  
Ch. bronchitis (duration) ... yrs. ... mos. ... ds.  
 CONTRIBUTORY (SECONDARY) Ch. mycocarditis (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) Wm. H. Jacke M.D.  
March 4, 1929 (Address) Milan, 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 Oak Wood Cem Milan DATE OF BURIAL March 8 1929

20. UNDERTAKER A. A. Schoene ADDRESS Milan, 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.

WRITE PLAINLY, WITH OUTLINED MATTERS TO BE FOLLOVED

APR 5 1953