

WRITE FAIRLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 23 1929

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

Do not use this space.

20590

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Antiriver Primary Registration District No. 3002
City Mexico (No. 425 South Rollins) St. _____ Ward)

File No. _____
Registered No. 79
St. _____ Ward)

2. FULL NAME

Taylor Harney

(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 Black 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) June - 7 - 1929

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

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) Mexico (STATE OR COUNTRY) MO

10. NAME OF FATHER Edward Harney

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

12. MAIDEN NAME OF MOTHER Hellen Patton

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

14. INFORMANT Edward Harney (Address) Mexico MO

15. June 10 1929 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him _____ live on _____, 19____, and that death occurred, on the date stated above.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer unknown to the
lung
20590 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. H. Bondy _____, M. D.
Conner _____, 19____ (Address) Mexico 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 Mexico MO DATE OF BURIAL 6-10 1929

29. UNBERTAKER H A Precht ADDRESS 1301 Mexico MO

