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.

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

Do not use this space.

30608

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 654
Township — Primary Registration District No. 5439 — Registered No.
City Springfield (No. County Tubercular Sanitarium St. R#4 Ward)

2. FULL NAME Minnie Harshman
(a) Residence. No. 731 N. Boonville 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: 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 Homer Harshman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6-1893

7. AGE: Years 36 — Months 4 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George Daugherty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Alice Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Alice Dempster
(Address) Springfield, Mo

15. FILED 9-12, 1929 Lou Sharp Reg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-17, 1929, to 9-10, 1929 that I last saw her alive on 9-4, 1929, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
25
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Tbc
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dark Room
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? physical + laboratory
(Signed) Chas Williams Jr, M.D
Sept 11, 1929 (Address) Springfield 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: Green Lawn ~~Hazlewood~~ Cemetery — DATE OF BURIAL Sep 11 1929

20. UNDERTAKER J. W. Klingner & Co Springfield — ADDRESS Mo