

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

Do not use this space.

33479

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2004 Registered No. 730
 City Springfield (No. St. John Hospital) _____ St. _____ (Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Manfield Mo
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (ex) WIFE of Anna Harbeston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 5 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section worker
 (b) General nature of industry, business, or establishment in which employed (or employer) R.W. Museo
 (c) Name of employer _____

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

10. NAME OF FATHER Andy Harbeston

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

12. MAIDEN NAME OF MOTHER Mary Trotter

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

14. INFORMANT Albert Harbeston (Address) Brandesville Mo

15. FILED 10-16-29 Tom Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1929, to Oct 15, 1929 that I last saw him alive on Oct 15, 1929, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1913 Accidental Death
1943 Railway accident
Shock (duration) yrs. mos. da. 6 hrs
 CONTRIBUTORY (SECONDARY) Crushing injury body legs when rail fell on legs while working on R.R. section
(duration) yrs. mos. da.

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) C.M. Merriden, M.D.
10-16-1929 (Address)

*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 Brandesville Mo DATE OF BURIAL 10-18-1929

20. UNDERTAKER Alma Schreyer ADDRESS 5345th Ave

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.

39
6
50

108

31

2 hrs

