

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

Do not use this space.

5496

1. PLACE OF DEATH

County Franklin Co
Township Jeddo
City Franklin

Registration District No. 444
Primary Registration District No. 5604

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Charles Thomas Harry

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Knox Co (STATE OR COUNTRY) Mo

10. NAME OF FATHER Alfred Harry

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

12. MAIDEN NAME OF MOTHER Fanniel Sellins

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

14. INFORMANT Alfred Harry La Belle (Address) Franklin City Mo

15. FILED Feb 20 1930 J R Northcutt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930, to Feb 19, 1930 that I last saw him alive on Feb 19, 1930, and that death occurred, on the date stated above, at 4:58 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia in both lungs

108 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) measles, 7-8 days before Pneumonia (duration) yrs. mos. 5 ds.

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) J R Northcutt M. D. Feb 20 1930 (Address) Knox City 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 Knox City Cemetery DATE OF BURIAL Feb 21 1930

20. UNDERTAKER Wm W. Sargent Son ADDRESS Knox City Mo

1954

1954

1954