

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

Do not use this space.

5619

1. PLACE OF DEATH

County St. Louis
Township Shillington
City Shillington (No.)

Registration District No. 501
Primary Registration District No. 3026

File No.
Registered No. 142
St. Ward)

2. FULL NAME

Charles Willis Harnel

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Bell Austin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21st 1860

7. AGE YEARS 69 MONTHS 1 DAYS 22
If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Aggie Maxine Harnel
(Address) Shillington Mo.

15. FILED 2/15 1930 Reuben Barney
Register

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/13 1930

17. I HEREBY CERTIFY That I attended deceased from Feb 10, 1930, to Feb 13, 1930
that I last saw him alive on Feb 12, 1930, and that death occurred, on the date stated above, at 4:00 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Hypostatic pneumonia

93c
111B (duration) yrs. mos. 3 da.

CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Illinois
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. J. Burman, M. D.

3/17, 1930 (Address) Chillicothe 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 Mill Pleasant Cemetery DATE OF BURIAL 2/15 1930

20. UNDERTAKER P. M. Marshall ADDRESS Shillington 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.

WHITE PLAIN WITH CONTINUING WATER

APR 28 1930

