MAR 28 1930

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

Do not use this space.

6072

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 275

City Moberly (No. 412 So. 4th St. St. Ward)

2. FULL NAME FOUNTAIN E. PITTS HARLAN

(a) Residence. No. 412 So 4th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 7th 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	88	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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 Isaac Harlan

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Miss Gertrude Harlan (Address) Moberly, Mo

15. FILED 2-24, 1930 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 21st 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar, 1930, to Feb 21, 1930 that I last saw him alive on Feb 20, 1930, and that death occurred, on the date stated above, at 330 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

97

162 (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 6 yrs. ...mos. ...ds.

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) E. T. Hickerson, M. D.

2-22nd, 1930 (Address) Moberly, 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 Moberly Mo — DATE OF BURIAL 2-22nd 1930

20. UNDERTAKER Mahan and Son — ADDRESS Moberly 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.