

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

Do not use this space.

11471

APR 30 1930

**1. PLACE OF DEATH**

County Monroe  
Township Dover  
City                      (No.                     )

Registration District No. 878  
Primary Registration District No. 6166

File No.                       
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

Evelina Vilot Harmon

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1930-2-12

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

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

9. BIRTHPLACE (CITY OR TOWN) Sheldon  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER O.E. Harmon

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

12. MAIDEN NAME OF MOTHER Lucy Alice Maden 3/10/1890 (Address) Sheldon Mo

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

14. INFORMANT O.E. Harmon  
(Address) Sheldon

15. FILED                     , 19                      REGISTRAR                     

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-6-1930

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1930, to March 6, 1930 (that I last saw                      alive on March 6, 1930, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
9  
109A

(duration) yrs. mos. 2 ds.  
CONTRIBUTORY (SECONDARY) Whooping cough  
(duration) yrs. mos. 6 ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF                     

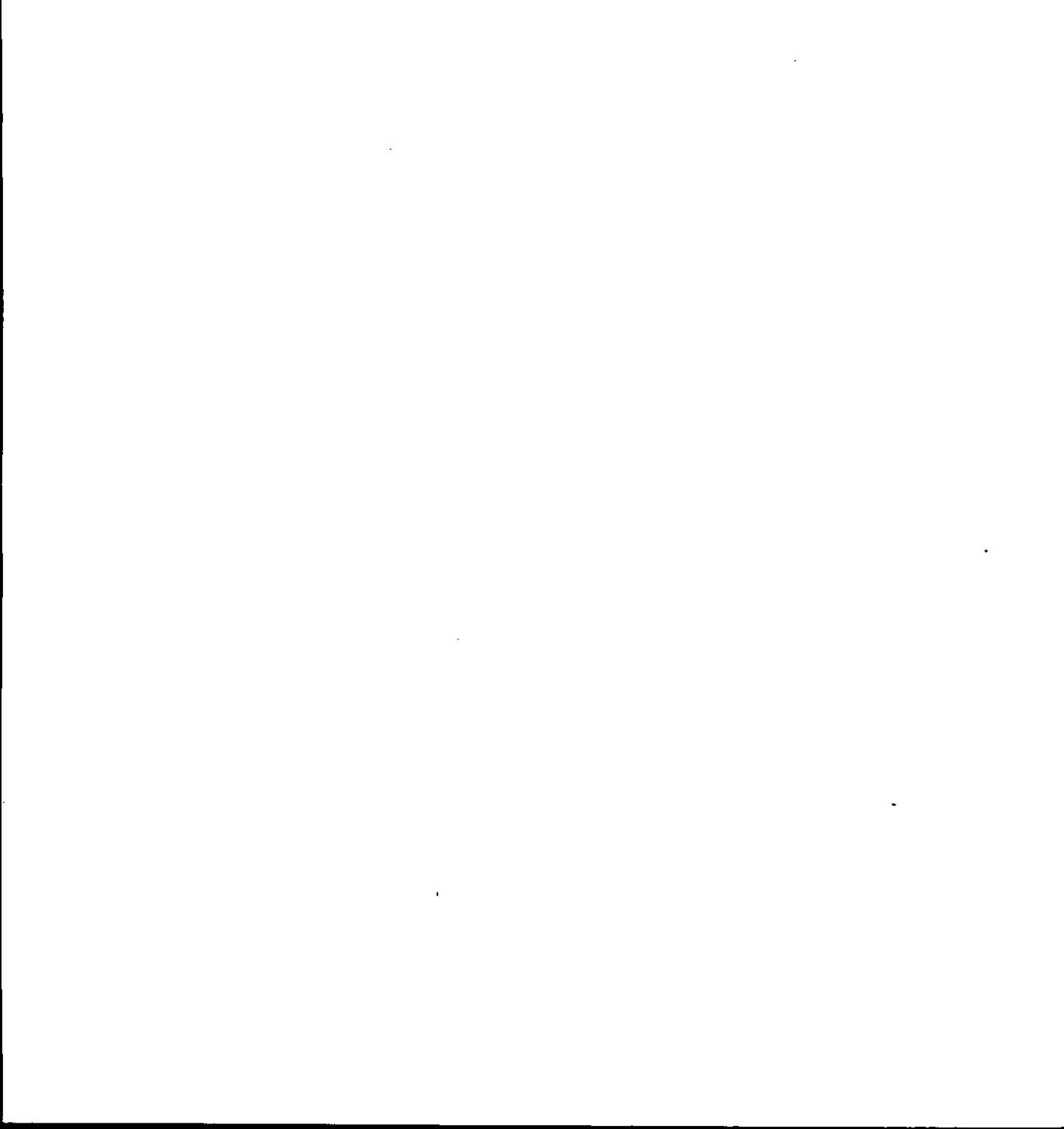
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Sign of) Arthur G. Little, M.D.

\*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 Dungen Grove DATE OF BURIAL 3-6-1930

20. UNDERTAKER cf B Berry & sons ADDRESS Sheldon

PARENTS



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dernon Registration District No. 878 File No. ....  
 Township Dover Primary Registration District No. 6166 Registered No. ....  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Geneva Pilot Harmon  
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....  
 (Address)

15. FILED 3-6, 1930 Carroll T. Berry REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/5 1930

17. I HEREBY CERTIFY That I attended deceased from .....  
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (duration).....yrs.....mos.....ds.  
 SECONDARY (duration).....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)....., M. D.  
 , 19 (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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

17411-5