

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

Do not use this space.

12026

MAY 23 1930

**PLACE OF DEATH**

County Chariton  
Township Cockrell  
City Wynumville Mo.

Registration District No. 175  
Primary Registration District No. 5246

File No. \_\_\_\_\_  
Registered No. 29  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** James Albert Harlan

(a) Residence. No. Wynumville Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48      10      20

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

10. NAME OF FATHER George Harlan

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

12. MAIDEN NAME OF MOTHER Elisa Fuller

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

14. INFORMANT Mrs Hattie Harlan  
(Address) Wynumville Mo.

15. FILED 4/19 1930 H. W. Hawtins REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from about 10:15, 1930, at April 18, 1930, that I last saw alive on April 13, 1930, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
chronic nephritis.  
131

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urine & blood pressures  
(Signed) William W. Bellows, M. D.  
4/19, 1930 (Address) Salisbury, 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 Bulah Cemetery DATE OF BURIAL 4-20-1930

20. UNDERTAKER L. S. Murrie ADDRESS Salisbury Mo

CAUSE OF DEATH in plain terms, so that it may be properly understood.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Chariton Registration District No. 178 File No. \_\_\_\_\_  
 Township Bee Branch Primary Registration District No. 5244 Registered No. \_\_\_\_\_  
 City Bynumville St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Albert Harlan  
 (a) Residence. No. Bynumville St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 10 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
48 10 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Merchant (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 (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.

10. NAME OF FATHER George Harlan

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

12. MAIDEN NAME OF MOTHER Mrs Fuller

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1920

17. I HEREBY CERTIFY, That I attended deceased from About Jan 15, 1920, to Apr 13, 1920, 1920 that I last saw him on April 13, 1920, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Urine & Blood Pressure  
 (Signed) William W. Fellows, M. D.  
4/19, 1920 (Address) Salisbury 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.

14. INFORMANT Mrs Hattie Harlan 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belah Cemetery DATE OF BURIAL 4/20 1920  
 (Address) Bynumville Mo

20. UNDERTAKER A. S. Munnie ADDRESS Salisbury Mo

15. FILED July 1, 1920 W. J. Pickett REGISTRAR

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-12026