

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

Do not use this space.

12153

1. PLACE OF BIRTH  
 County Dallas Registration District No. 247  
 Township Wilson Primary Registration District No. 5243  
 City Long Point (No.         ) St.          Ward           
 2. FULL NAME Thomas Earl  
 (a) Residence. No.          St.          Ward           
 (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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write full word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 1892  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 3 15  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

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

PARENTS  
 10. NAME OF FATHER C. W. Harmon  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dallas  
 (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Sofa Sheppard  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

14. INFORMANT Tom Earl  
 (Address) Long Point

15. FILED 6-10-19-30 J. D. Dalton  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-27-1930  
 17. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        , that I last saw h.          alive on         , 19        , and that death occurred, on the date stated above, at          4:29 p.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide by drowning  
166 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 169 (duration) yrs. mos. 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) Clara O. Harmon Coroner  
Apr 27 1930 (Address) Buffalo 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 Liberty Cemetery DATE OF BURIAL 4-28-1930  
 20. UNDERTAKER J. D. Dalton ADDRESS Buffalo Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

