

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

Do not use this space.

14298

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City St. Louis, Mo. (No. Mo. Baptist Hospital)

File No. ....  
Registered No. 36381  
St. .... Ward)

**2. FULL NAME**

Charles Alvin Harnett

(a) Residence. No. 5171 Waterman Ave. 12 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. 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 Married

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

Sally I. Harnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 8 26

**8. OCCUPATION OF DECEASED**

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Litchfield,  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Charles M. Harnett

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

12. MAIDEN NAME OF MOTHER Jenette Gumm

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

14. INFORMANT Miss Sally I. Harnett  
(Address) 5171 - Waterman

15. FILED May 11 1930 Wm C Harnett REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 19 30

17. I HEREBY CERTIFY, That I attended deceased from March 27 1930, to April 10 1930.  
that I last saw him alive on April 10, 1930, and that death occurred, on the date stated above, at 6:45 P. M.

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

Hypostatic pneumonia  
no fever or cough #103

1260  
1845  
1118 185 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) fracture left femur  
falling to ground while  
working on auto

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Physical exam + Ray  
(Signed) W. H. Harnett M. D.

4/11 1930 (Address) 3903. Olive St

\*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 C. H. Lamm DATE OF BURIAL 4-13-1930

20. UNDERTAKER A. Lindner & Co. ADDRESS Paris, Ill.

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.

