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.

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

Do not use this space.

JUL 23 1930

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No. 19973
Township — Primary Registration District No. 3026 — Registered No. 198
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Clyde E. Harkins
(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 - 1917
7. AGE: YEARS 12 ~~13~~ — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School.
(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) Kansas City Mo
PARENTS
10. NAME OF FATHER Luther E. Harkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark.
12. MAIDEN NAME OF MOTHER Mamie Beasley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR ~~COUNTRY~~) Texas
14. INFORMANT L. E. Harkins (Address) Meadville Mo R2
15. FILED 7/2 1930 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1930
17. I HEREBY CERTIFY, That I attended deceased from June 28, 1930, to June 29, 1930 that I last saw him alive on June 28, 1930, and that death occurred, on the date stated above, at 2 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Ruptured Appendix Septic Peritonitis
12 D
129
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Meadville Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 27 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) A. J. Simpson, M. D.
June 30 1930 (Address) Chillicothe 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: Meadville Cemetery — DATE OF BURIAL: 6-30 1930
20. UNDERTAKER: F. B. Norman — ADDRESS: Chillicothe Mo