SEP 22 1930

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

Do not use this space.

File No. 26092

Registered No. 484

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: Cape Girardeau — Primary Registration District No. 3009

City: Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME Mark Harrell

(a) Residence. No. Route 4 Cape Girardeau 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17-1930

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) Gordonville
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles Harrell

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

12. MAIDEN NAME OF MOTHER Bertha Brockmeyer

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

14. INFORMANT Charles Harrell
(Address)

15. FILED 8/18/1930 W. C. Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1930, to Aug 17, 1930, that I last saw him alive on August 17, 1930, and that death occurred, on the date stated above at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis
(duration) 0 yrs. 0 mos. 0 ds. 8½ hours

CONTRIBUTORY (SECONDARY) No
(duration) ... yrs. ... mos. ... ds.

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
(Signed) W. A. Schwan, M. D.
Aug 18, 1930 (Address) Cape Girardeau 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: St. Mary's Cem. — DATE OF BURIAL: Aug 18 1930

20. UNDERTAKER: Walther Und Co. — ADDRESS: Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.