

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

Do not use this space.

36343

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township How Primary Registration District No. _____
City Madison City (No. St. Mary's Hosp.) St. _____ Ward _____

File No. _____
Registered No. 153
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1116 East 9th St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 10 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Professor
(b) General nature of industry, business, or establishment in which employed (or employer) Junior College
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Armstrong
(STATE OR COUNTRY) _____

10. NAME OF FATHER Gas. C. Harvey

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

12. MAIDEN NAME OF MOTHER Lillie A. Kern

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

14. INFORMANT Mrs Emma Harvey
(Address) 1116 East 9th

15. FILED 11/24/30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1930, to Nov 23 1930 that I last saw him alive on Nov 23 1930, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 14 ds.
CONTRIBUTORY (SECONDARY) Cerebral arteriosclerosis
(duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRIBUTED at home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Chemical
(Signed) Hauet, J. M. D.

11-24-1930 (Address) 814 Argyle Bldg.

*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 Armstrong, Mo. DATE OF BURIAL Nov. 25 19 30

20. UNDERTAKER D. H. Newcomer's Sons & Co
ADDRESS _____

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.

Argyle 12/29
V. 9878
2:30-5.