

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

Do not use this space.

36492

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Marion Primary Registration District No. 7020
 City McCune Branch Hospital H. Centennial St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1003 S. Clinton St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George H. Harbour</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 14, 1873</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Mt. Vernon
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>J. J. Henton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Indiana</u>
	12. MAIDEN NAME OF MOTHER <u>Marguerite Boyington</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Indiana</u>

14. INFORMANT Rev. B. H. Harbour
 (Address) 1003 S. Clinton, Carthage, Mo.

15. FILED 11/10/30 E. K. Schaub
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931 to Nov. 10, 1930
 that I last saw him alive on Nov. 9, 1930 and that death occurred, on the date stated above, at 9:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of mesentery,

11/6 (duration) 3 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 45
 (duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 15, 30

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Ground exam.
 (Signed) W. B. Chapman M. D.

Nov. 10, 1930 (Address) Carthage, 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 Park Cemetery DATE OF BURIAL Nov. 12 1930

20. UNDERTAKER Knee Mortuary ADDRESS Carthage, Missouri

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.

DEC 22 1930

RECEIVED
OFFICE OF THE
DIRECTOR
MAY 10 1964

MEMORANDUM FOR THE DIRECTOR
FROM: SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]