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

Do not use this space.

JAN 19 1931

1. PLACE OF DEATH
County Clark — Registration District No. 190 — File No. 38840
Township Madison — Primary Registration District No. 5269 — Registered No. 45
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Harvey Virgil Full
(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: W
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) Feb. 7, 1895

7. AGE: Years 35 — Months 10 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Welder
(b) General nature of industry, business, or establishment in which employed (or employer): Pipe Line Construction Work.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Knox Co. Missouri

PARENTS
10. NAME OF FATHER James H. Full
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lydia Lee Buford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Audrey Gardner
(Address) Kahoka Mo.

15. FILED 12/12, 1930 J. R. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide by Monsoonal Tars in Automobile
164 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 167 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? ..... (Coroner)
(Signed) J. L. McAnnell, M. D
Dec 12, 1930 (Address) Kewanee 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: Harmony Grove Cem. Knox Co. Missouri — DATE OF BURIAL 12/14 1930

20. UNDERTAKER: Fred J. Karle, Geo. V. Bassett — ADDRESS Kahoka Mo.

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.