

MAR 25 1931

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

Do not use this space.

6340

1. PLACE OF DEATH

County Miller
Township Saline
City Eldon (No. _____ St. _____ Ward _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 19

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

Jeannette Harvey

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 19, 1931.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1931

I last saw him alive on July 19, 1931. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 13

Spinal Tumor Date of onset Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Incomplete ossification

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldon Missouri

13. NAME Harry F Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldon Mo

15. MAIDEN NAME Marian Correll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

17. INFORMANT (ADDRESS) Harry F Harvey Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon Mo DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Wd Phillips Eldon Mo

20. FILED 2-28, 1931 Belle Hayner Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. J. Walker, M. D.
(Address) Eldon Mo

N. B.—Every item of information should be carefully supplied. A copy should be stated where it is. If necessary, inform state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

