

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

Do not use this space.

11103

APR 25 1931

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.

1. PLACE OF DEATH
 County Dick Registration District No. 685
 Township Calumet Primary Registration District No. 1409B
 City (No.) St. Ward (No.) (If nonresident, give city or town and State)

2. FULL NAME Henry C. Harry
 (a) Residence, No. St. Ward.
 (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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan May Harry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 72

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Co Mo

FATHER 13. NAME Joe Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mary Ellen Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Co Mo

17. INFORMANT Susan M. Harvey (ADDRESS) Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE Mar 29 1931

19. UNDERTAKER Lester G. Smith (ADDRESS) Clarksville Mo

20. FILED 3-28 1931 H. W. Treanor Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1931

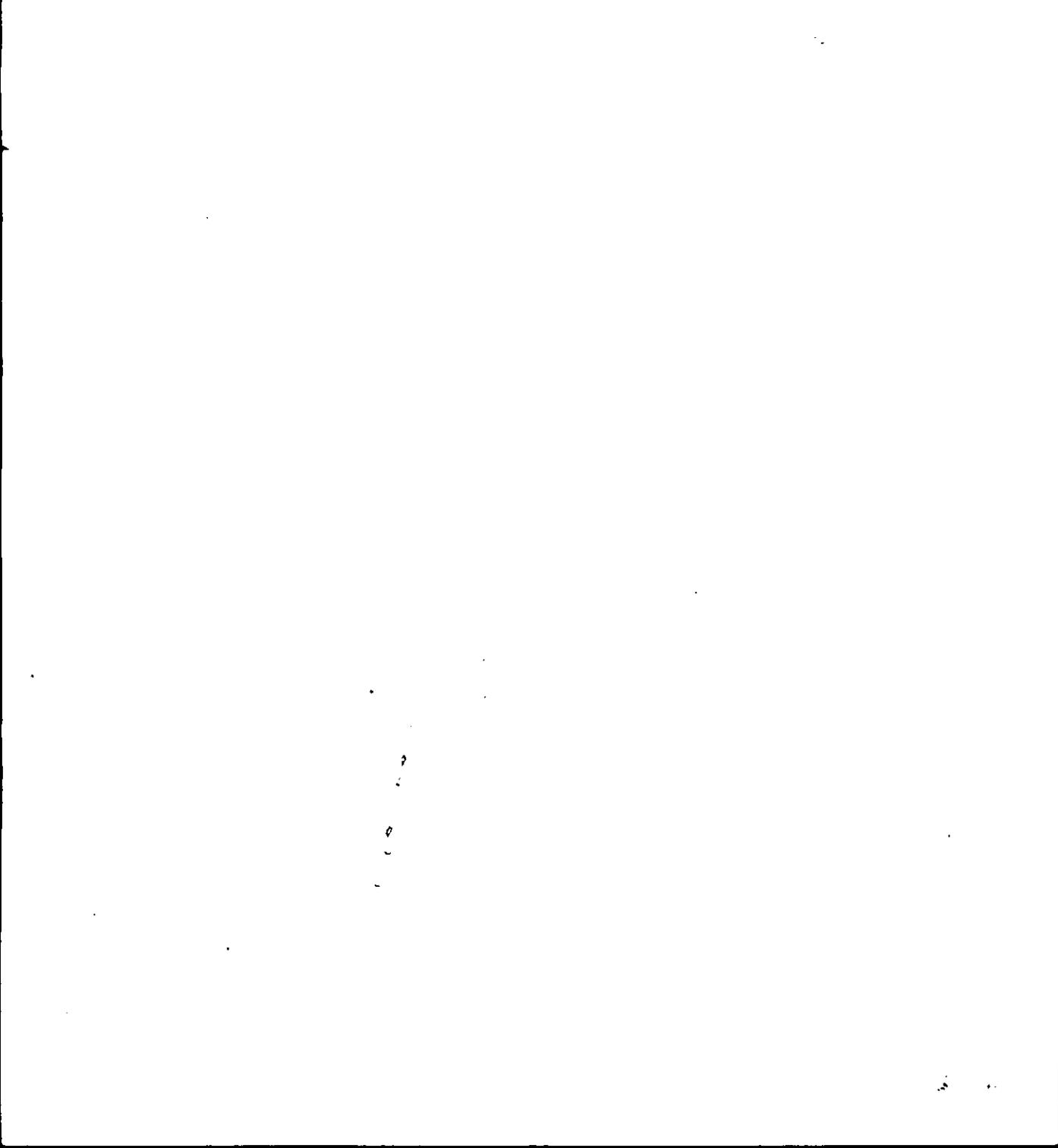
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Exposure and High blood pressure Date of onset 131

Other contributory causes of importance: Chronic Nephritis

Name of operation Date of
 What test confirmed diagnosis? History 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) J. B. McDermold - C. P. M. D.
 (Address) Clarksville Mo



AGED COLORED MAN FOUND DEAD

Henry Harvey, aged about 72, was found dead Saturday in a tenant house on the Jacoby place where he was employed by W. C. Taylor.

Harvey had been dead about twenty-four hours when he was found. Cause of death is believed to be heart failure and exposure. Funeral was held Sunday with burial in the Clarksville cemetery. He is survived by his widow.

That the names and addresses of the Publisher and Editor John O. Roberts, Clarksville, Md.

That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are none.

John O. Roberts, Editor and Owner.

Sworn to and subscribed before me, this 29th day of March, 1931.

J. R. Carroll, Notary Public
(SEAL)

(My commission expires June 1, 1935)