

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

Do not use this space.

15281

MAY 27 1931

1. PLACE OF DEATH
 County Polk Registration District No. 703
 Township Johnson Primary Registration District No. 5931
 City Humansville (No. _____) St. _____ Ward _____
 2. FULL NAME Charles H. Harbin
 (a) Residence No. _____ St. _____ Ward _____
 (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

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1957
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 10 25
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill
 (STATE OR COUNTRY) I
 10. NAME OF FATHER unk
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unk
 (STATE OR COUNTRY) I
 12. MAIDEN NAME OF MOTHER unk
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unk
 (STATE OR COUNTRY) _____

14. INFORMANT M. C. H. D. Harbin
 (Address) Humansville
 15. FILED Apr 9, 1931 R. A. Joseph REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1931
 17. I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to Apr 4, 1931
 that I last saw h. m. alive on Apr 4, 1931, and that death occurred, on the date stated above at 10:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of sigmoid flexure of bowels
46C
122B (duration) 1 yrs. 6 mos. ds.
 CONTRIBUTORY Intestinal obstruction
 (SECONDARY) (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF BIRTH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? clinical & autopsy
 (Signed) R. O. Meurin, M. D.
Apr 9, 1931 (Address) R. O. Meurin

*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 City Cemetery DATE OF BURIAL Apr 9 1931
 20. UNDERTAKER R. A. Joseph ADDRESS 3149

