

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

Do not use this space.

308475

**1. PLACE OF DEATH**

County Cole

Registration District No. 213

Township Jefferson

Primary Registration District No. 9014

City Jefferson

(No.            St.            Ward           )

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minerva B. Harter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1876

7. AGE YEARS 61 MONTHS            DAYS 27 If LESS than 1 day,            hrs. or            min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minerva Co. Iowa

FATHER 13. NAME John F. Harter

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

MOTHER 15. MAIDEN NAME Jane Lamonds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash. Pa.

17. INFORMANT Minerva B. Harter (ADDRESS)           

18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman DATE 9/22 1931

19. UNDERTAKER (ADDRESS) W. A. Kelley

20. FILED 9-25-1931            Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-1931

22. I HEREBY CERTIFY, That I attended deceased from           , 1931, to           , 1931. I last saw him            alive on           , 1931. 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:

Uremia  
180  
132 B

Date of onset           

Other contributory causes of importance: Burn

Name of operation            Date of             
What test confirmed diagnosis?            Was there an autopsy?           

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?            Date of injury           , 1931. 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?            If so, specify           

(Signed) W. A. Clark M. D.  
(Address)           

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 213  
Primary Registration District No. 214

File No.....  
Registered No. 245  
St..... Ward.....

**2. FULL NAME**

John Albert Harter

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT  
(Address)

15.

FILED 11-22-31 W. C. Row REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/22 1931

17. I HEREBY CERTIFY That I attended deceased from .....  
....., 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:  
Infantia  
Cause not known

CONTRIBUTORY (SECONDARY) Burn, House

18. WHERE WAS DISEASE CONTRACTED explosion coal oil

IF NOT AT PLACE OF DEATH: Store

DID THE OPERATIONS PRECEDE DEATH?..... DATE OF.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. Row, M. D.  
, 19 (Address) 7 C. Row

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**SUPPLEMENTARY**

AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION properly classified. Exact statement of OCCUPATION is very important.

Information should be careful. THE in plain terms, so that it may

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