

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.

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

Do not use this space.

38621

1. PLACE OF DEATH

County Falk
Township Manure
City Adrian (No. _____)

Registration District No. 761
Primary Registration District No. 6930

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME Nathan S. Harnalson

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret U. Harnalson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 20

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) Falk County
(STATE OR COUNTRY) Missouri

13. NAME Vincent Harnalson

14. BIRTHPLACE (CITY OR TOWN) Idaho
(STATE OR COUNTRY) _____

15. MAIDEN NAME Doris Hambleton

16. BIRTHPLACE (CITY OR TOWN) Idaho
(STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. W. Harnalson
Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White-Crown Funeral Home DATE Nov 29, 1931

19. UNDERTAKER (ADDRESS) Bolivar, Mo.

20. FILED Nov 29, 1931 J. F. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 28 - 1931

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1930, to Nov - 28 - 1931. I last saw him alive on Jan - 10 - 1931. Death is said to have occurred on the date stated above, at 7:30 m. The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset May 31, 1930

Other contributory causes of importance: arteriosclerosis

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 _____, 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?
If so, specify _____

(Signed) W. S. Myers, M. D.
(Address) Adrian, Mo.

