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

Do not use this space.

40660

File No. 873

Registered No.

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Campbell Primary Registration District No. 2001

City Springfield Mo N Grant Ave St. Ward)

2. FULL NAME Clarence H. Harvey

(a) Residence. No. 815 N Franklin 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M.	W.	Divorced.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	4	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret'd Minister

(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) Unknown

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Dean Harvey
(Address) Columbia, Mo

15. FILED 12-18, 1931 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 1931

17. I HEREBY CERTIFY, That I attended deceased from 8-Pm, 19..., to 8 45 Pm 12-14, 1931, that I last saw him alive on 12-14, 1931, and that death occurred, on the date stated above, at 8 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured skull — walked into path of rapidly moving automobile crossing street (duration) One hour yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Brown Sts. Grant & Sp Mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 210 M

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Garrett Hogg, M. D.

12-17, 1931 (Address) Springfield Mo

*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	DATE OF BURIAL
Green Lawn Cemetery	Dec 18 1931
20. UNDERTAKER	ADDRESS
Floyd W. Fox	629 W Walnut

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.

JAN 2 1932