

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

Do not use this space.

41971

1. PLACE OF DEATH

County St. Clair
Township Jabon
City Jabonville (No. _____) (St. _____ Ward)

Registration District No. 770
Primary Registration District No. 6016

File No. _____
Registered No. 10

2. FULL NAME

Juanita May Harleman
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Jabonville
(STATE OR COUNTRY) Mo.

13. NAME W. V. Harleman

14. BIRTHPLACE (CITY OR TOWN) Union Star
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lulu P. Carroll

16. BIRTHPLACE (CITY OR TOWN) Jabonville
(STATE OR COUNTRY) Mo.

17. INFORMANT W. V. Harleman
(ADDRESS) Jabonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jabonville DATE 12-23 1931

19. UNDERTAKER None
(ADDRESS)

20. FILED Dec 24 1931 Georgia F. Davidson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1931, to 12-22, 1931.
I last saw him alive on 12-22, 1931. Death is said to have occurred on the date stated above, at 10:00 a. m.
The principal cause of death and related causes of importance were as follows:

Influenza
11B 11B
Other contributory causes of importance: unknown

Date of onset 12-20
1931

Name of operation None Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19____
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

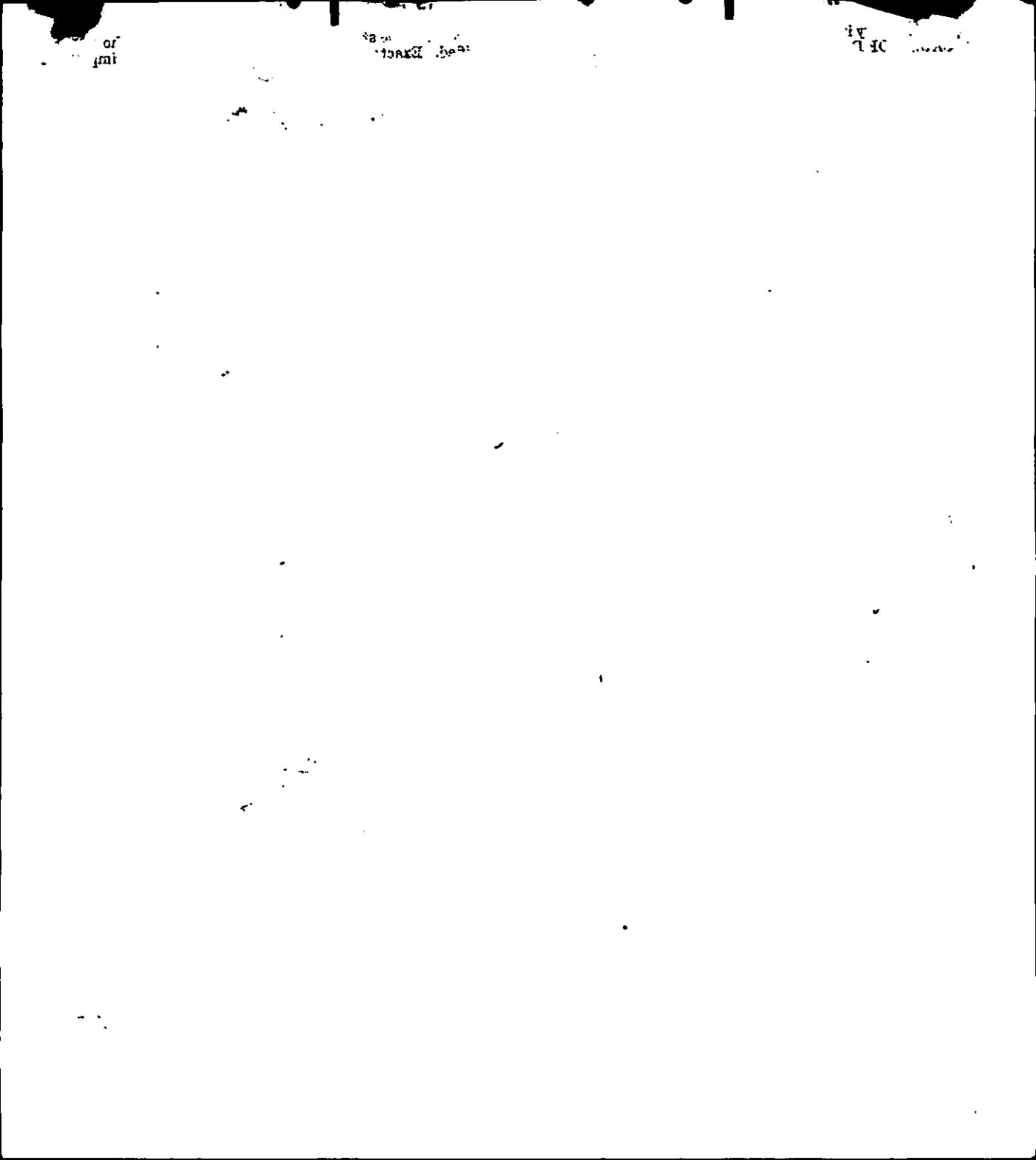
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) G. J. Richardson, M. D.
(Address) 94 1/2 Main Mo.

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 22 1932



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