

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

707-4

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

Do not use this space.

707-4

1. PLACE OF DEATH
 38 County Gentry Registration District No. 311
 Township Union Primary Registration District No. 2430
 City (No. 3430) St. _____ Ward _____

2. FULL NAME Mrs Ellen Harmon
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED Decedent
 HUSBAND OR (OR) WIFE OF J. H. Harmon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
 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) MO
 13. NAME William Hoff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va
 15. MAIDEN NAME Ellen Geyman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
 17. INFORMANT Mrs Wm. Hoffman
 (ADDRESS) Buffalo Mo B. H.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Mo DATE _____ 19
 19. UNDERTAKER State St. Phillips
 (ADDRESS) Buffalo Mo
 20. FILED 1/28 1933
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1933
 22. I HEREBY CERTIFY, that I attended deceased from Jan 27, 1932 to Jan 27, 1933
 I last saw him alive on Jan 27, 1932 Death is said to have occurred on the date stated above, at 8:45 m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction Date of onset _____
AAA
 Other contributory causes of importance: _____
 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 1
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) C. H. Williamson, M. D.
 (Address) Gentry Mo

1932-1-27
1856-7 16

75-6-11

1931

75-4

Wolcott, A. J.
J. A. Wolcott

M. B. M.
C. A. M.

Code 2
250
250

**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 Wentworth
Township Wildcat
City..... (No..... St..... Ward)

Registration District No. 311
Primary Registration District No. 0433

File No.....
Registered No.....

2. FULL NAME

Ellen Harmon

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19....., to....., 19.....

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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I last saw h..... alive on....., 19..... 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:

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

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME

Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED 1-30, 1932 Mrs. C. J. Johnson Registrar.

(Signed)....., 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1-604-8