

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

Do not use this space.

1. PLACE OF DEATH

24 County Bell Registration District No. 207
5 Township Liberty Primary Registration District No. 3012
4 City Liberty (No. _____) St. _____ Ward _____

File No. 4088
Registered No. 11

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 Female 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 John H. Harlin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 4 - 1853
7. AGE YEARS 78 MONTHS 11 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
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) 2 yrs. 11. Total time (years) spent in this occupation 65

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

13. NAME Ann

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

15. MAIDEN NAME unknown

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

17. INFORMANT Joe Harlin (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 2/27/32

19. UNDERTAKER (ADDRESS) Clark-Walker Co Liberty, Mo.

20. FILED 2/10/32 1932 W. J. Harrison Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929, to Feb 6, 1932
I last saw him alive on Feb 6, 1932 Death is said to have occurred on the date stated above, at 30 m.
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset _____
Other contributory causes of importance: 930

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. Matthews, M. D.
(Address) Liberty, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 22 1932

131