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

5328

1. PLACE OF DEATH
60 County McDonald. Registration District No. 518 File No. 1-1932
Township McMullin Primary Registration District No. 5694 Registered No. 2
City Seneca Mo. R. 1 (No. ..... St. ..... Ward)

2. FULL NAME Harvey Curtis Giddings
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

APR 27 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Lorine Williams Giddings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15-1902

7. AGE: YEARS 29 | MONTHS 1 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newton Co. 1
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER E. S. Giddings
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Nancy J. Palmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McDonald Co.
(STATE OR COUNTRY) Mo. 1

14. INFORMANT E. S. Giddings
(Address) Seneca Mo. R. 2

15. FILED Feb 10 1932 Andrew Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932 to Feb 7, 1932 that I last saw ~~him~~ alive on Feb 6, 1932 and that death occurred, on the date stated above, at 10-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Labor —
Pneumonia,
11A
108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Flu
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. B. Hunsley, M. D.
2/8, 1932 (Address) Seneca 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: Oak Wood Cemetery
DATE OF BURIAL: 2-8 1932

20. UNDERTAKER: B. W. Buzzard.
ADDRESS: Seneca 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.