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

Do not use this space.

7298

1. PLACE OF DEATH

6 County Barton — Registration District No. 40 — File No.

2 Township City — Primary Registration District No. 4024 — Registered No. 13

2 City Lamar (No. ..... St. ..... Ward)

2. FULL NAME Thos. W. Harkless

(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 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	6	10	

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

9. BIRTHPLACE (CITY OR TOWN) O'Connorsville
(STATE OR COUNTRY) Ohio 2

PARENTS

10. NAME OF FATHER James Harkless

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Morgan Co. Ohio.

12. MAIDEN NAME OF MOTHER Sara J. McConn

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

14. INFORMANT Mrs Will Craig
(Address) Lamar, Mo.

15. FILED 3/31, 1932 A. J. Myriatt REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1932

17. I HEREBY CERTIFY, That I attended deceased from March 21st, 1932, to Mch 30, 1932 that I last saw him alive on Mch 29th, 1932 and that death occurred, on the date stated above, at 5:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

92A

11B (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

92A

DID AN OPERATION PRECEDE DEATH? DATE OF (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Duckett, M. D.

Apr 2, 1932 (Address) Lamar 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
Lake Cemetery	Apr 1 1932
20. UNDERTAKER	ADDRESS
C. F. Konantz	Lamar