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

Do not use this space.

File No. 14935

Registered No.

1. PLACE OF DEATH
County Saline — Registration District No. 792
Township ~~Arrow Rock~~ — Primary Registration District No. 4473
City Arrow Rock (No. ..... St. ..... Ward)

2. FULL NAME James Arden Harvey
(a) Residence. No. X St., X 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.

MAY 28 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March-3, 1878

7. AGE: Years 54 | Months 1 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arrow Rock, Mo.

PARENTS
10. NAME OF FATHER: Arron Harvey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Harriet Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Mary Harvey
(Address) Arrow Rock

15. FILED 4-24, 1932 C. L. Lawless REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to April 1st, 1932, that I last saw him alive on April 1st, 1932, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
also
Portal obstruction
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Syphilis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. L. Lawless, M.D.
4-21, 1932 (Address) Marshall 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: Saffington Cem — DATE OF BURIAL: April 24 1932

20. UNDERTAKER: Hill Bros. — ADDRESS: Slater Mo