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

Do not use this space.

15930

File No.

Registered No. 13

1. PLACE OF DEATH

41 County Harrison

Township Madison

City (No. , St. Ward)

Registration District No. 336

Primary Registration District No. 3-491

2. FULL NAME Jesse F. Harvey

(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.

JUN 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	7	

OCCUPATION

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

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): October 1909

11. Total time (years) spent in this occupation: 40D

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

FATHER

13. NAME: Gabriel H. Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown W? Va.

MOTHER

15. MAIDEN NAME: Elizabeth Flowers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown W? Va.

17. INFORMANT (ADDRESS): J. H. Harvey R 3, Ridgeway, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridgeway DATE 5/11 32

19. UNDERTAKER (ADDRESS): O Rogan & Son Ridgeway, Mo.

20. FILED 6/2, 1932 E C Odell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10 32

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to May 5, 1932

I last saw him alive on May 5, 1932. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
93D	
16Y	

Other contributory causes of importance: Senility

Name of operation: None Date of: —

What test confirmed diagnosis? Physical 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? No

If so, specify

(Signed) Lola Brewer, M. D.

(Address) Ridgeway 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.

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