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

Do not use this space. 19977

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 72
Township Clinton — Primary Registration District No. 3024 — Registered No.
City ..... (No. ..... St. ..... Ward)

54 1 4

2. FULL NAME John M. Harvey
(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.

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 29-1878
7. AGE: Years 53 — Months 5 — Days 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Car Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail 155
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER
13. NAME Robert D Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Sara D Tirmstrong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT Jack Harvey
(ADDRESS) Kansas City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rome Ga DATE ....19....
19. UNDERTAKER Ernest Vegert
(ADDRESS) Springfield Mo
20. FILED June 22 1932 G. W. Fredendall Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 31, 1931, to June 21, 1932
I last saw alive on June 21, 1932 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/31 2-9
Cardiac - renal disease	
95B	
94B	

Other contributory causes of importance:

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) O. J. Chaffey, M. D.
(Address) Springfield 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.

JUL 25 1932

WHITE — PERMANENT RECORD

6 –

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No.
Township — Primary Registration District No. 3024 — Registered No.
City Lexington (No. , St. Ward)

2. FULL NAME Harvey, John W.
(a) Residence, No. 415 North 17, Lexington, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Edith M. Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1878

7. AGE — YEARS 53 — MONTHS 5 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Car
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation Retail

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome, Georgia

FATHER
13. NAME Robert Donaldson Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Floyd Co. Georgia

MOTHER
15. MAIDEN NAME Sara Porter Armstrong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rabun Co., Georgia

17. INFORMANT (ADDRESS) J. W. (Jack) Harvey, Jr. 1494 Park Ave., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rome, Georgia DATE June 25, 1932

19. UNDERTAKER (ADDRESS) Winkler Funeral Home, Ernest Fegert, Mgr. Lexington, Mo. Daniel + Son, Rome, Ga.

20. FILED June 22 1932 G. W. Fredendall, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1929, to June 21, 1932
I last saw him alive on June 21, 1932. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Cardio-Renal disease	

Other contributory causes of importance:

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) A. J. Chalkley, M. D.
(Address) Lexington, Mo.

SUPPLEMENTARY

S-19977