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

Do not use this space. 23103

1. PLACE OF DEATH

48 County Jackson — Registration District No. 403 — File No.

Township Brooking — Primary Registration District No. 5557 — Registered No.

City Hickman Mills (No. 74 & Blue Ridge Blvd. St. Ward)

R.F.D.

2. FULL NAME William Harber

(a) Residence. No. 74 & Blue Ridge Blvd. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AUG 24 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 Dasey Harber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 4. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	30	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet Maker 28

(b) General nature of industry, business, or establishment in which employed (or employer) Own Shop

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas Harber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Mary Belsher

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

14. INFORMANT Mrs Dasey Harber (Address) 74 & Blue Ridge Blvd.

15. FILED 8-8, 1932 W. W. Hobbs M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3, 32 19

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to July 3, 1932, that I last saw him alive on July 3, 1932, and that death occurred, on the date stated above, at 9:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Broncho Pneumonia

51C

1070 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Carcanoma of Prostate

(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Pathological

(Signed) W. W. Hobbs, M.D.

7-5, 1932 (Address) Raytown 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
Florence H. Bell Cemetery	July 5 1932

20. UNDERTAKER	ADDRESS
Wagner Funeral Home 204	W. Linwood

Ray