

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

Do not use this space.

26467

1. PLACE OF DEATH

County Franklin
Township Carthage
City Carthage (No. 100)

Registration District No. 408
Primary Registration District No. 9029

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Carthage Hospital Ward. Carthage, Mo.
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 4 9

8. OCCUPATION OF DECEASED 16 Groceriesman
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandia, Ohio

10. NAME OF FATHER Henry Harmon

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs. Will Jackson Carthage, Mo.

15. FILED 5/3, 1932 V.A. Kitcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to Aug 2, 1932 that I last saw him alive on Aug 1, 1932, and that death occurred, on the date stated above, at 1:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus (duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Empur of foot (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH July 11, 1932
DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Serology
(Signed) R. V. Webster, M. D.
Aug 3, 1932 (Address) Carthage, 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 Carthage, Mo. DATE OF BURIAL 8/3, 1932

20. UNDERTAKER White City Und Co ADDRESS White City

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

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.

MS 34 1932

