

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

Do not use this space.

26657

**1. PLACE OF DEATH**

57 County Laclede Registration District No. 488  
Township Hawk Point Primary Registration District No. 6365+  
City Hawk Point (No. ....) St. .... Ward)

File No. 2  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Henry W. Harban  
(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.

**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) Nov 19-1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>9</u>	<u>4</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Farming  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Warren County, Mo.

10. NAME OF FATHER Henry Harban

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

14. INFORMANT Mrs Harban  
(Address) Hawk Point, Mo.

15. FILED 8/16/32 W. B. Guinn  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1932

17. I HEREBY CERTIFY, That I attended deceased from 1928 to Aug 1932 that I last saw him alive on Aug, 1932, and that death occurred, on the date stated above, at 9 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Rectum

46 D

CONTRIBUTORY (SECONDARY) 46 D

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... (D)

DID AN OPERATION PRECEDE DEATH?..... DATE OF 2nd

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) H. S. Harris, M. D.

8/15, 1932 (Address) Troy, Mo.

\*State the DISEASE CAUSING DEATH, or if 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 Hawk Point Cemetery DATE OF BURIAL Aug 16 1932

20. UNDERTAKER Kemper Bros ADDRESS Troy Mo.

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.

SEP 24 1932

