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.

OCT 28 1932

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

Do not use this space.

30195

1. PLACE OF DEATH

94 County St Francois — Registration District No. 773 — File No.

Township " — Primary Registration District No. 6018A — Registered No. 101

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Orvil Eugene Harrington

(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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 9, 1931

7. AGE — YEARS: 1 — MONTHS: 6 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo!

FATHER

13. NAME: Edgar L. Harrington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Co. Mo

MOTHER

15. MAIDEN NAME: Rena Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co. Mo.

17. INFORMANT (ADDRESS): Edgar L. Harrington, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: K of P Farmington DATE: 9-10, 1932

19. UNDERTAKER (ADDRESS): Neidert Und Co, Farmington, Mo.

20. FILED: Oct 10, 1932 B J Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Sept 9th, 1932

I last saw him alive on Sept 9th, 19..... Death is said to have occurred on the date stated above, at 6:30 P m.

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

Acute Bronchitis — Date of onset 9.2.32

106A

63 106A

Other contributory causes of importance:

Rachitis.

D

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) Emil M Henry, M. D.

(Address) Farmington Mo