

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.

NOV 23 1937

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

Do not use this space.

31919

1. PLACE OF DEATH
 36 County Franklin Registration District No. 295
 Township _____ Primary Registration District No. 4179
 22 City Sullivan (No. _____) St. _____ Ward _____
 2. FULL NAME Clara Harmon
 (a) Residence, No. _____ St. _____ Ward _____
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1960

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 3 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Sullivan, Mo.

FATHER
 13. NAME Clark McCallister
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spokane, Mo.

MOTHER
 15. MAIDEN NAME Parthena Farrer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Park Mo.

17. INFORMANT Nellie Smith
 (ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Anthony DATE Nov 22, 1937

19. UNDERTAKER Thos. Sheffer
 (ADDRESS) Sullivan, Mo.

20. FILED Nov 2nd, 1937
J. C. Kingan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1937 to 10-31, 1937
 I last saw her alive on 10-31, 1937 Death is said to have occurred on the date stated above, at 8:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
arterio-sclerosis
 Other contributory causes of importance: _____
 Name of operation Chemical Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) J. C. Proctor, M. D.
 (Address) Sullivan, Mo.

