

WHITE 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 29 1932

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

Do not use this space.

32906

1. PLACE OF DEATH
 64 County Marion Registration District No. 577
 Township Mason Primary Registration District No. 3079
 8 City Hammond (No. Levering Hospital) St. 284 Ward

2. FULL NAME Fred Henry Harvey
 (a) Residence, No. New London Mo. Ward. 3
 (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

MEDICAL CERTIFICATE OF DEATH

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 Inde Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 269

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 21

13. NAME Wm Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loughborough

15. MAIDEN NAME Rebecca Dolby, Eng

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harvey
Loughborough

17. INFORMANT Clara Harvey, Eng
 (ADDRESS) 1010 Valley St Hammond

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Banley DATE 10/31 1932

19. UNDERTAKER Dr. Frutkin
 (ADDRESS) New London Mo

20. FILED 11-1 1932 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29 1932

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Central Hemorrhage
basilar type
925
37A (1)
Chronic Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ch + lob 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? _____
 If so, specify _____
 (Signed) John J. Reckman M. D.
 (Address) 1081 Polky Hammond Mo

