

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

Do not use this space.

35203

1. PLACE OF DEATH
 27 County Cooper Registration District No. 24
 Township Lebanon Primary Registration District No. 5900
 City..... (No., St. Ward)

File No.....
 Registered No.....

2. FULL NAME Mary E. Harman
 (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

MEDICAL CERTIFICATE OF DEATH

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 James Harman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 7, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to 11-20 1932
 I last saw her alive on 11-15- 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:

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. - - -

Chronic Heart Disease
95B
97
102
arteriosclerosis
hypertension
 Date of onset 1926
1920

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1
 13. NAME Louis Coffman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2
 15. MAIDEN NAME Eliza Earl
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

17. INFORMANT H.R. Sparks Atterville, Mo
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Lebanon DATE 11-22-1932

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.

19. UNDERTAKER (ADDRESS)

Manner of injury.....
 Nature of injury.....

20. FILED 10/20 1932 Robert H. Fogle Registrar.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Robert H. Fogle, M. D.
 (Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT SIGN UNLESS YOU KNOW THE DECEASED PERSON TO BE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1933

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township Lebanon
City Lebanon

Registration District No. 921
Primary Registration District No. 5300

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

2. FULL NAME

Mary E. Herman

(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER J. Wood Richards (ADDRESS) 715 N. 1st St. Lebanon, Mo.

20. FILED 3/10 1933 Robert Fagle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Date of onset

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-35203