

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.

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

Do not use this space.

35543

1. PLACE OF DEATH  
 #16 County Howell Registration District No. 387  
 Township Myatt Primary Registration District No. 5543  
 City Kashkoonong (No. Rte 2) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Vancil Harmon  
 (a) Residence, No. Kashkoonong Ma. St. Rte 2 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	24	9		

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) Oct 1932 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kashkoonong Mo. Rte 2

FATHER

13. NAME Tom Harmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.

MOTHER

15. MAIDEN NAME Mary Coldiron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.

17. INFORMANT (ADDRESS) J. Harmon 150 Shiloh Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Merlieth Cem DATE Nov 10 1932

19. UNDERTAKER (ADDRESS) None

20. FILED Nov 11 1932 H. A. Thompson Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1929 to Nov 9 1932  
 I last saw him alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 11:20 A.M.  
 The principal cause of death and related causes of importance were as follows:

Diabetes  
59  
15713  
15713

Other contributory causes of importance:  
Diabetic coma  
Abscess of cheek (right)  
Impetigo of hands

Name of operation \_\_\_\_\_ 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) E. Claude Bohrer, M. D.  
 (Address) West Plains, Mo.

