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

Do not use this space.

38253

1. PLACE OF DEATH
3 County Atchison — Registration District No. 20 — File No.
3 Township — Primary Registration District No. ~~5027~~ 4014 — Registered No.
2 City Tarkio (No. ..... St. ..... Ward)

2. FULL NAME D. A. Harvell

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

JAN 21 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20-1932

7. AGE: Years ✓ Months 6 Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Dorrie Harvell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Marjorie Mullen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Fred Mullen
(Address): Tarkio Mo

15. FILED Dec 14, 1932 Clin Nancy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 8 3 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 13/32, 19..., to Dec 13, 1932, that I last saw him alive on on Dec 13, 1932, and that death occurred, on the date stated above, at 11.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Laryngeal Diphtheria

10 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 10 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) C. D. Harvell, M. D
19 (Address) Tarkio, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hong Cemetery — DATE OF BURIAL: 12/14 1932

20. UNDERTAKER: W. J. Clemmons — ADDRESS: Tarkio Mo