

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

Do not use this space.

9119

**1. PLACE OF DEATH**

36 County Franklin Registration District No. 297  
 8 Township..... Primary Registration District No. 3416  
 7 City Washington, Mo. (No.....) St. .... Ward)

**2. FULL NAME** Joseph Charles Harrig.

(a) Residence, No. E. Sixth St. St. 2nd Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 9 mos. 25 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) June 2, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>40</u>	<u>9</u>	<u>25</u>		

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

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) Washington, Mo.  
 (STATE OR COUNTRY)

13. NAME John Harrig

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

15. MAIDEN NAME Mary Walmeyer

16. BIRTHPLACE (CITY OR TOWN) Berger, Mo  
 (STATE OR COUNTRY)

17. INFORMANT Charles H. Wirth  
 (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Mar. 29th 1933

19. UNDERTAKER Nieburg & Vitt.  
 (ADDRESS) Washington, Mo

20. FILED Mar 29 1933 O. L. Gammack  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1933, to Mar 27, 1933

I last saw him alive on Mar 26, 1933 Death is said

to have occurred on the date stated above, at 2:30A m.

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

myocarditis

Date of onset

Other contributory causes of importance: 93B 1310

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? no

If so, specify myocarditis M. D.

(Signed) Washington Mo  
 (Address) Washington Mo

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.

APR 21 1933

58

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