

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.

JAN 26 1934

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

Do not use this space.

39262

1. PLACE OF DEATH 85

County Buchanan Registration District No. _____

Township _____ Primary Registration District No. 1001

City St. Joseph (No. ● County Court House) St. _____ Ward) _____

2. FULL NAME James Allison Harman

(a) Residence, No. 502 1/2 Angelique street 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 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) April 1, 1852			
7. AGE	YEARS	MONTHS	DAYS
	81	8	25¹
IF LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter		
	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) Jackson Co. Tenn.			
FATHER	13. NAME Travis Harman		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.		
	15. MAIDEN NAME Minerva Nearn		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky		
	17. INFORMANT (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>Stewartsville, Mo</u>		DATE <u>December 30, 33</u>	
19. UNDERTAKER (ADDRESS) <u>H. C. Sideman 1802 Union st St. Joseph Mo.</u>			
20. FILED <u>12-29</u> 19 <u>33</u> <u>John R. Bender</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 26, 1933**

22. I HEREBY CERTIFY, That I ^{viewed} ~~attended~~ deceased from Dec. 26, 1933, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10A m.

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

Cerebral Hemorrhage

Arterio Sclerosis

Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Chol. Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____.
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Forrest Thomas Coroner M. D.

(Address) 801 1/2 Felix

