JAN 26 1934

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

Do not use this space.

1952

File No.
Registered No. 163

1. PLACE OF DEATH
County Morgan
Township Naut Creek
City Stover (No. ..... St. ..... Ward)

Registration District No. 919
Primary Registration District No. 4551

71
2
3

2. FULL NAME Phillip Gordon Harrell II

(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: 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) Dec 13 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	✓	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Stover Mo

FATHER
13. NAME Henry A Harrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Mo

MOTHER
15. MAIDEN NAME Maude A Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lindel Mo

17. INFORMANT H A Harrell
(ADDRESS) Stover Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stover Cem DATE Jan 5 1934

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Stover Mo

20. FILED Jan 10 1934 Hugh L Rippeger Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1933 to Jan 3 1934

I last saw him alive on Jan 3 30 1934 Death is said to have occurred on the date stated above, at 6 00 m.

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

	Date of onset
Mania Tion	Dec 14 1933
119	
158	

Other contributory causes of importance:
Influenza

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) Chas A Freed, M. D.
(Address) Stover 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.