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.

MAR 24 1934

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

Do not use this space.

4228

1. PLACE OF DEATH
County Cass — Registration District No. 148 — File No. 5
Township Mt Pleasant — Primary Registration District No. 5212 — Registered No.
City Belton (No. , St. Ward)

2. FULL NAME Howard D. Harmon

(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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Rena Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1877

7. AGE: YEARS 57 — MONTHS 0 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
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. Farm
10. Date deceased last worked at this occupation (month and year) Feb 1934
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Co. Ill.

FATHER
13. NAME Zachens Harmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) F. V. Beckley 5131 Olive, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belton Mo DATE 2/10 1934

19. UNDERTAKER (ADDRESS) E. K. Grove & Sons Belton

20. FILED 2-8 1934 R M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Did not attend, to , 19
I last saw h alive on Abort, 19 Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Found dead at his born
Sufficient evidence death was caused by
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

82A

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?
If so, specify
(Signed) R M Miller, M. D.
(Address) Belton Mo