WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. Balbing

6011

File No. 55

Registered No. 6-6-8

1. PLACE OF DEATH
County Pettis — Registration District No. 668
Township — Primary Registration District No. 3032
City Sedalia (No. 1612 So. Mon. St. Ward)

2. FULL NAME John M. Harlan
(a) Residence, No. 1612 So. Mon. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 7. 1834

7. AGE: Years 99 — Months 6 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

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) Danville (STATE OR COUNTRY) Ky

FATHER
13. NAME Henry Harlan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

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

17. INFORMANT Minnie Harlan (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Feb. 14/34

19. UNDERTAKER Gillespie Fun'l Home (ADDRESS) Sedalia Mo.

20. FILED 2-13 1934 Jean Stack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12/34 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934 to Feb 12 1934, I last saw h. alive on Feb 12 1934. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Tracheitis

Date of onset

Other contributory causes of importance: Senility

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 .....
(Signed) Lord Bolling, M. D.
(Address) Sedalia Mo