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

MAY 25 1934

Do not use this space.

File No. 12443

Registered No. 22

1. PLACE OF DEATH
County: Franklin
Township: Clay
City: ..... (No. ..... St. ..... Ward)
Registration District No. 27
Primary Registration District No. 3405

2. FULL NAME: E. L. Harky

(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): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Burnie Harky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 24, 1875

7. AGE: Years 58 | Months 4 | 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.: x
10. Date deceased last worked at this occupation (month and year): x
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: David W. Harky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga

MOTHER

15. MAIDEN NAME: Margaret Kintchen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): Mrs E. L. Harky, Sunath, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cude Cemetery DATE: April 22 34

19. UNDERTAKER (ADDRESS): W. Daniel Funeral Service, Sunath, Mo

20. FILED 4-20 1934 E. H. Leapler

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1934

22. I HEREBY CERTIFY, that I attended deceased from unattended, 19....., to ....., 19.....

I last saw h..... alive on during, 19..... Death is said to have occurred on the date stated above, at 4:00 m.

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

Overdose of Strych with accidental intent, 1 hr E

Date of onset

Other contributory causes of importance: 102

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
(Specify)

(Signed) H. Rydner Carr, M. D.
(Address) Rockwell 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.

WRITE PLAINLY, WITH INDELIBLE INK. THIS IS A PERMANENT RECORD