

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.

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

MAY 25 1934

Bishop
Do not use this space.

13800

1. PLACE OF DEATH
County Pettis Registration District No. 568
Township Georgetown Primary Registration District No. 3032
City Georgetown (No. Bothwell Hosp) St. _____ Ward _____
File No. 142
Registered No. 668

2. FULL NAME Arthur Urban Harvey
(a) Residence, No. Georgetown 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1869

7. AGE YEARS 64 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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) Mo.

MOTHER FATHER
13. NAME Albert Jefferson Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Nancy Eleanor Gorrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs. A. U. Harvey
(ADDRESS) Georgetown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Longwood Mo. DATE Apr. 24/34 19.

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 4-24-34 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934, to Apr 23, 1934
I last saw him alive on Apr 23, 1934. Death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset _____
131
112 131
Other contributory causes of importance:
Bronchitis Asthma

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) W. Bishop, M. D.
(Address) Sedalia Mo

E. J. ...
E. J. ...

1880

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