

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

Do not use this space.

**1. PLACE OF DEATH**

County Carmel Registration District No. 185 File No. 23605  
 Township Cassidon Primary Registration District No. 3010 Registered No. 69  
 City Cassidon (No. 406 East) St. 1st Ward

**2. FULL NAME**

Viola Belle Harmon  
 (a) Residence, No. 406 East 3rd St., 1st Ward.  
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lou Harmon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-13-1892</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	
11. Total time (years) spent in this occupation <u>-</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cassidon Mo</u>		
MOTHER	13. NAME <u>Jacob Benfaman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	15. MAIDEN NAME <u>Catherine A Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Mrs A. D. Peak</u> (ADDRESS) <u>Cassidon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Carmel</u> DATE <u>7-18</u> 19 <u>34</u>		
19. UNDERTAKER <u>Willis Funeral Home</u> (ADDRESS) <u>Cassidon Mo</u>		
20. FILED <u>7-18</u> 19 <u>34</u> <u>Irish Hoskins</u> Registrar.		

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934, to July 16 1934  
 I last saw her alive on July 16 1934. Death is said to have occurred on the date stated above, at 9:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute dilatation of heart  
 Date of onset 7-10-34

Other contributory causes of importance:  
None

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..... 1934  
 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. Hamilton Stiles, M. D.  
 (Address) Cassidon Mo

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.

106 3 3



#2 *Carroll*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

69

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Viola Belle Harmon*  
Who died at \_\_\_\_\_ on *7-16-1934*

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *F* Color or race *W*  Single,  married,  widowed or  divorced:

Date of birth \_\_\_\_\_ Age: Years *41* Months *7* Days *3*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: *Acute dilatation of heart from septicemia from miscarriage*

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Did injury occur? \_\_\_\_\_

Specify whether injury occurred in \_\_\_\_\_ (Specify city or town, county and State) \_\_\_\_\_ or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? *Y*

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar *Pete Haskins* Date filed *8/31-34*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *135* Very truly yours,

Primary Reg. Dist. No. *3010* *E. T. McGaugh, M.D.*

Special Agent.

S-23605