

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

Do not use this space.

30856

1. PLACE OF DEATH

SEP 23 1934

791

County.....

Registration District No. 1003

Township.....

Primary Registration District No.

City *St. Louis Mo.* (No. *City Infirmary*)

File No.

Registered No. 8118

St. Ward)

2. FULL NAME

William Harmon

(a) Residence, No. *City Infirmary* St. *13* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *78* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 14 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
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) *Menon, Ill*

MOTHER FATHER
13. NAME *Daniel Harmon*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*

15. MAIDEN NAME *Ellen Mitchell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*

17. INFORMANT (ADDRESS) *J. A. Sullivan 5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthews* DATE *Aug 9 1934*

19. UNDERTAKER (ADDRESS) *W. M. C. Langellier 4301 Esplanade Ave*

20. FILED *AUG - 8 1934 J. P. Poredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *June 14 1934* to *Aug 7 1934*. I first saw him alive on *Aug 7 1934*. Death is said to have occurred on the date stated above, at *10:30 am*. The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset *8-5-34*
13 8th 95th St
Other contributory causes of importance:
Ch. cardio-vascular-renal disease 1934

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) *Marvin T. Hawley* M. D.
(Address) *5600 Arsenal*

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.

