

OCT 16

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

Do not use this space.

31782

## 1. PLACE OF DEATH

County

Missouri  
Washington

Registration District No.

499

File No.

Township

Primary Registration District No.

6206

Registered No.

8

City

No.

St.

Ward)

## 2. FULL NAME

Rayford D. Harvey

(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

Hannie D. Harvey

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

Jan 8 - 1875

7. AGE

YEARS  
39MONTHS  
6DAYS  
13

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farming

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

13. NAME

John R. Harvey

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

Mo

15. MAIDEN NAME

Lucy Thomas

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

Mo

17. INFORMANT (ADDRESS)

Roy J. Harvey  
Salama, Mo

18. BURIAL, CREATION OR REMOVAL

PLACE

Salama

DATE

Aug 2, 1934

19. UNDERTAKER (ADDRESS)

M. M. Linnell  
Marion, Mo

20. FILED

Oct 14, 1934

M. M. Linnell  
Regist.

2

## MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 1, 1934

2. I HEREBY CERTIFY, That I attended deceased from

7-30-1934 to 8-1-1934

I last saw him alive on 8-1-1934. Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

Born from accidental  
Explosion of gun powder

Date of onset

Other contributory causes of importance:

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? accident Date of injury 7-30, 1934

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

at home

Nature of injury

Explosion gun powder

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

O. C. Ben age

, M. D.

(Address)

Conway, 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.

