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.

DEC 15 1934

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

951

Do not use this space.

35840

1. PLACE OF DEATH
County Henry
Township Fairview
City [illegible] (No. ..., ... St. ... Ward)

Registration District No. ...
Primary Registration District No. 3792

File No. ...
Registered No. 28

2. FULL NAME Noel Harvey

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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) May 25 - 1913

7. AGE: YEARS 21 MONTHS 5 DAYS 2. 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. ...
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) Iconium Mo

FATHER
13. NAME George Robert Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Mo.

MOTHER
15. MAIDEN NAME Cora Conkwright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT George Robert Harvey
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Iconium DATE 10-29 1934

19. UNDERTAKER Spore & Son
(ADDRESS)

20. FILED 12-10 1934 J. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1934, to 10-23 1934

I last saw him alive on 10-28, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Date of onset
Pulmonary Tuberculosis

23A

Other contributory causes of importance:

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
If so, specify ...
(Signed) J. D. Russell M. D.
(Address) Deepwater Mo