NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 38372
Township ~~Benton~~ — Primary Registration District No. 3001 — Registered No. 209
City Kirksville Mo. (No. ..... St. ..... Ward)

2. FULL NAME Robert Emery Harbur

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9-1918

7. AGE — YEARS: 15 — MONTHS: 10 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
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) Kirksville Mo.

FATHER
13. NAME W. A. Harbur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottland Co. Mo.

MOTHER
15. MAIDEN NAME Martha V. Shanes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottland Co Mo.

17. INFORMANT (ADDRESS) W. A. Harbur Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 10/6 1934

19. UNDERTAKER (ADDRESS) Summers Son Kirksville Mo.

20. FILED Nov. 6 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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
By accidental discharge of gun — accidental explosion of gun causing death ~~[illegible]~~	

Other contributory causes of importance:

184 — 16 — 65

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~~? by gun shot wound in the head Date of injury Nov. 3, 1934
Where did injury occur? In farm home of W. A. Habor Adair Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Gun shot wound in head
Nature of injury Gunshot wound in head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dee Riley Coroner
(Address) Kirksville 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.