

N. B.—Every item of information should be carefully supplied. AGES 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 19 1934

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

Do not use this space.

40332

1. PLACE OF DEATH
 County D Phelps Registration District No. 678
 Township St James Primary Registration District No. 5904
 City St James (No) St. _____ Ward _____

2. FULL NAME Fred Theodore Harmon
 (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 Ellian Rohrer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4-1909

7. AGE YEARS 25 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory 18

10. Date deceased last worked at this occupation (month and year) Nov. 2, 1934 11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) Agass, Mo (STATE OR COUNTRY) Washington Co

MOTHER FATHER

13. NAME Jose James Harmon

14. BIRTHPLACE (CITY OR TOWN) Sullivan Mo (STATE OR COUNTRY) Crawford Co

15. MAIDEN NAME Winnie Grace Tier

16. BIRTHPLACE (CITY OR TOWN) Sullivan Mo (STATE OR COUNTRY) Crawford Co

17. INFORMANT Minnie B Harmon (ADDRESS) Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Washburn DATE Nov. 28, 1934

19. UNDERTAKER Wm. J. Shaffer (ADDRESS) Sullivan Mo

20. FILED 11-26-34 Registrar Henry J. Ball

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26, 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 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
accidental
being struck by a
motor vehicle
fracturing skull
 Date of onset _____

Other contributory causes of importance:
accident occurred
13 South of Bourbon
out Harmon to Marshal Rd.

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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 11-25-1934
 Where did injury occur? Public Highway (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture of skull
 Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Chickler Coroner
 (Address) St James Mo

