

FEB 16 1935

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

Do not use this space.

2401

## 1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 46Township SedaliaPrimary Registration District No. 30.32Registered No. 665City Sedalia(No. 1019)

E 4th.

St.

Ward)

2. FULL NAME Charles R. Harkless(a) Residence, No. 1019 E 4th. 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

M

4. COLOR OR RACE

W

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)

Don't know

7. AGE

YEARS

MONTHS

DAYS

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

About

57

OCCUPATION

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

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.

MOTHER FATHER

13. NAME

James Harkless

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

Pa.

15. MAIDEN NAME

Jane Elliott

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

Mo.

17. INFORMANT (ADDRESS)

Joe Harkless

Green Ridge Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Antioch

DATE

Feb 1

19

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home  
Sedalia Mo.

20. FILED

2-1-35

Jean Slack

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

June 30 1935

22. I HEREBY CERTIFY That I attended deceased from

The Party 19 June 30 1935

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Endocarditis

Date of onset

Other contributory causes of importance:

Atherosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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?

If so, specify

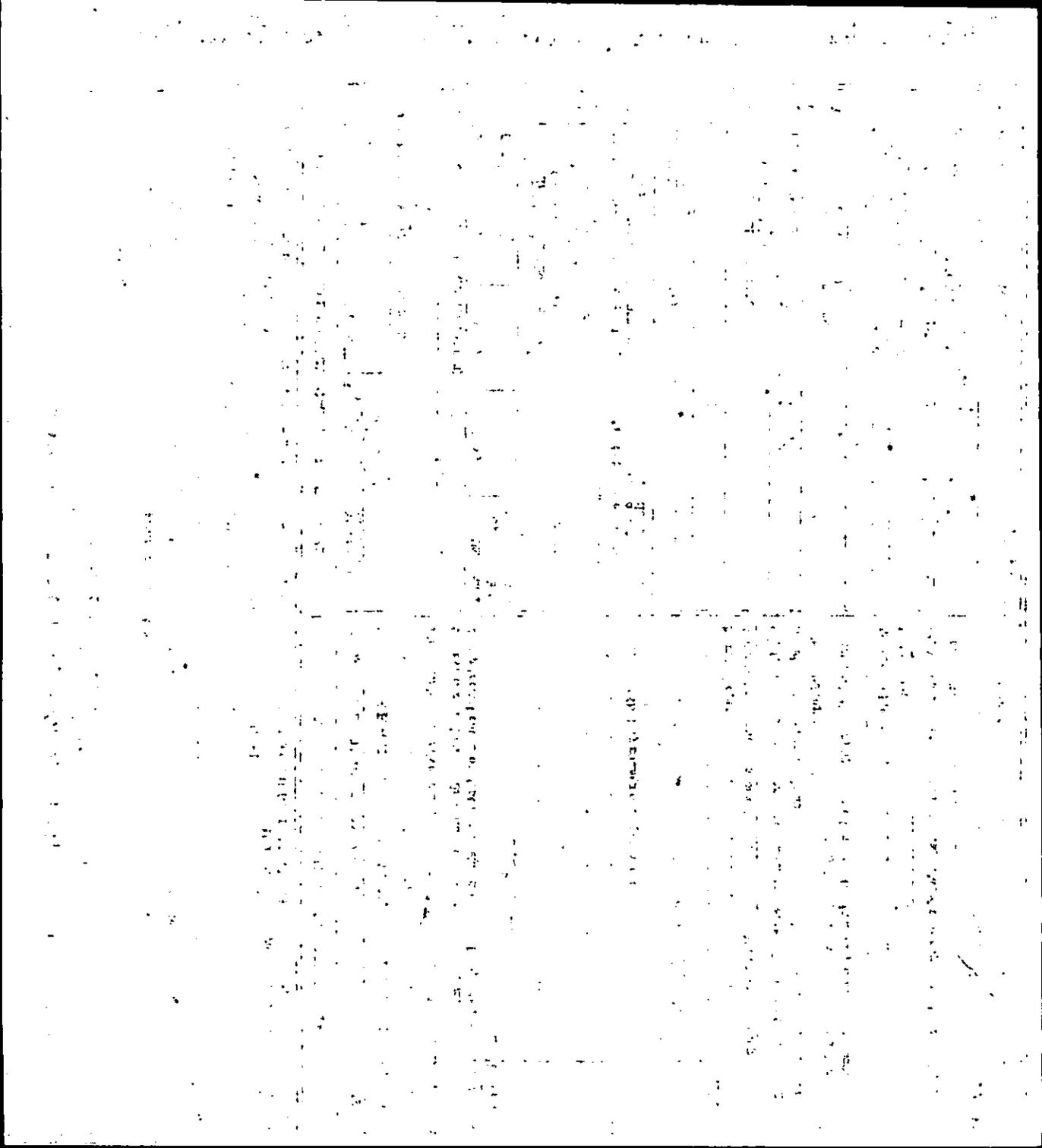
(Signed)

H. C. S. M. D.

(Address)

C. C. C.

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.





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