

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.

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City St. Joseph (No. 601 So., 21st) St. Ward

File No. 4400  
Registered No. 167

2. FULL NAME David L. Harmon

(a) Residence, No. 501 So. 31st. St. Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 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 Sadie Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 0 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman  
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) 1930  
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) DeKalb  
(STATE OR COUNTRY) Missouri

13. NAME Sampson Harmon

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Sadie Harmon  
(ADDRESS) 501 So. 31st.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Memo. Pk. DATE Feb. 8, 1935

19. UNDERTAKER Heatow De Gale & Bowman  
(ADDRESS) 319 So. 10th, St. Joseph, Mo.

20. FILE FEB 1935 John R. Bredley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1935, to  
I last saw him alive on Feb. 5, 1935. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Jan. 30th 1935 110 Date of onset

I saw him on Jan 31st 1935  
He suffering from influenza for the first 2 days then he developed double lobar pneumonia  
Gut unable to eat and his bowels were obstructed constipated for 2 or 3 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? P. E. G. 1935 Was there an autopsy? No

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) John H. Sarsfield, M. D.  
(Address) 1228 1/2 Edward Street  
St. Joseph, Mo.

