

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

Do not use this space.

JUN 5 1935

15378

1. PLACE OF DEATH

County Vernon
Township Washington
City _____ (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME Harvey W. Fillmore

(a) Residence, No. State Hospital #5 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Elizabeth Fillmore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11, 1888</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>
	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) Joplin, Mo.
(STATE OR COUNTRY)

13. NAME The Fillmore

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

15. MAIDEN NAME Emezda Smith

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

17. INFORMANT Mrs. C.E. Hooma - 607 S. Campbell
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo. DATE April 10, 1935

19. UNDERTAKER Eichinger Funeral Home
(ADDRESS) Mo.

20. FILED April 10 1935 W. Eichinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1928, to Apr. 8, 1935

I last saw him alive on 11. 25, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Gen. paralysis of the insane (syphilis of the C.M.S.) Date of onset 1928

Other contributory causes of importance Acute gastritis 1935

Name of operation none Date of _____

What test confirmed diagnosis blood culture 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? no

(If so, specify _____)

(Signed) W. H. Bell M. D.

(Address) Merida, 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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

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