

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

Do not use this space.

Mar 15 1936

4517

1. PLACE OF DEATH

County Bates
 Township Mingo
 City (No.)

Registration District No. 267
 Primary Registration District No. 5090

File No. 1
 Registered No. 1
 St. Ward)

2. FULL NAME

John Harms

(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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, WHO WIVES, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Harms</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27-1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>13</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>Farmer</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) <u>Jan 1937</u>	
	11. Total time (years) spent in this occupation. <u>all his life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Germany</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. John Harms</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bureau</u> DATE <u>2-11-36</u>		
19. UNDERTAKER (ADDRESS) <u>Crest & Son</u>		
20. FILED <u>2-11-36</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1936 to Feb 10 1936
 I last saw him alive on Feb 10 1936 Death is said to have occurred on the date stated above, at 10:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Robert Pneumonia
108
 Other contributory causes of importance: None

Name of operation Date of
 What test confirmed diagnosis: Physical signs 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) P. G. Smith, M. D.
 (Address) Crest & Son MD

WRITE PLAINLY, WITH OUTFADING INK

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.

