

MAY 19 1936

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

Do not use this space.

14479

1. PLACE OF DEATH

County

Township

City

Chariton

Registration District No.

Primary Registration District No.

(No.

169

4099

File No.

Registered No.

15

St.

Ward)

2. FULL NAME

LUE JULIOUS HARVEY

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cal

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Lauria J. Harvey

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

Jan-24-1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

35

2

7

OCCUPATION

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

Minister

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)

Salisbury Mo

MOTHER

13. NAME

Mam Harvey

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

Howard Co. Mo

15. MAIDEN NAME

Ella Terrell

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

Randolph Co. Mo

17. INFORMANT

(ADDRESS)

Mrs. L. J. Harvey
Bridgewater Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE

DATE

Keyleville Mo April 5 1936

19. UNDERTAKER

(ADDRESS)

W. H. Tatum
Bridgewater Mo

20. FILED

Apr 2, 1936

H. E. Tatum

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1st, 1936 to March 30, 1936

I last saw him alive on March 30, 1936 Death is said

to have occurred on the date stated above, at 1-9. m.

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

Bronchial pneumonia

Date of onset

2 months ago

Following influenza

Other contributory causes of importance:

Pulmonary tuberculosis

1 yr

ago

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (accident, fall in also the following:

Accident, suicide, or homicide?

Date of injury

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

Harry E. Tatum

(Signed)

Bridgewater Mo M. D.

(Address)

Bridgewater 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.

