

MAY 25 1936

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

Do not use this space.

16268

1. PLACE OF DEATH

County Warren Registration District No. 651
Township Little Prairie Primary Registration District No. 3863
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 61

2. FULL NAME

Andrew Harnett
(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 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 Col 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) 1-29-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) March 1936 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Curthersville13. NAME William Harnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.15. MAIDEN NAME Mariah Coleman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.17. INFORMANT Jos Harnett (ADDRESS) Curthersville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mon Gards DATE 4/25 1919. UNDERTAKER (ADDRESS) Curthersville Mo20. FILED May 5 1936 E. A. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27, 193622. I HEREBY CERTIFY, That I attended deceased from 4/27, 1936, to 4/27, 1936I last saw him alive on 4 27, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

malaria
38

Other contributory causes of importance: no

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. B. Howard M. D.(Address) Box 66 Curthersville 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.

