

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

Do not use this space.

29598

AUG 31 1936

**1. PLACE OF DEATH**

County Texas  
 Township Purey  
 City ~~Waco~~

Registration District No. 863  
 Primary Registration District No. 6137

File No. 31  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary E. Harmon

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28, 1857

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>8</u>	<u>2</u>	

OCCUPATION

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

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) June 1936

11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER / FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

13. NAME Benjamin Steele

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

15. MAIDEN NAME Annah M. Ray

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

17. INFORMANT Mrs. A. W. Lawrence  
 (ADDRESS) Houston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Solo Cemetery DATE July 31, 1936

19. UNDERTAKER Wayford P. Elliott  
 (ADDRESS) Houston Mo

20. FILED 7-30 1936 J. H. Ross  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1936

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936 to July 29, 1936  
 I last saw him alive on 7-28, 1936 Death is said to have occurred on the date stated above, at 2:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Gastritis Date of onset \_\_\_\_\_

Other contributory causes of importance old age

**118**

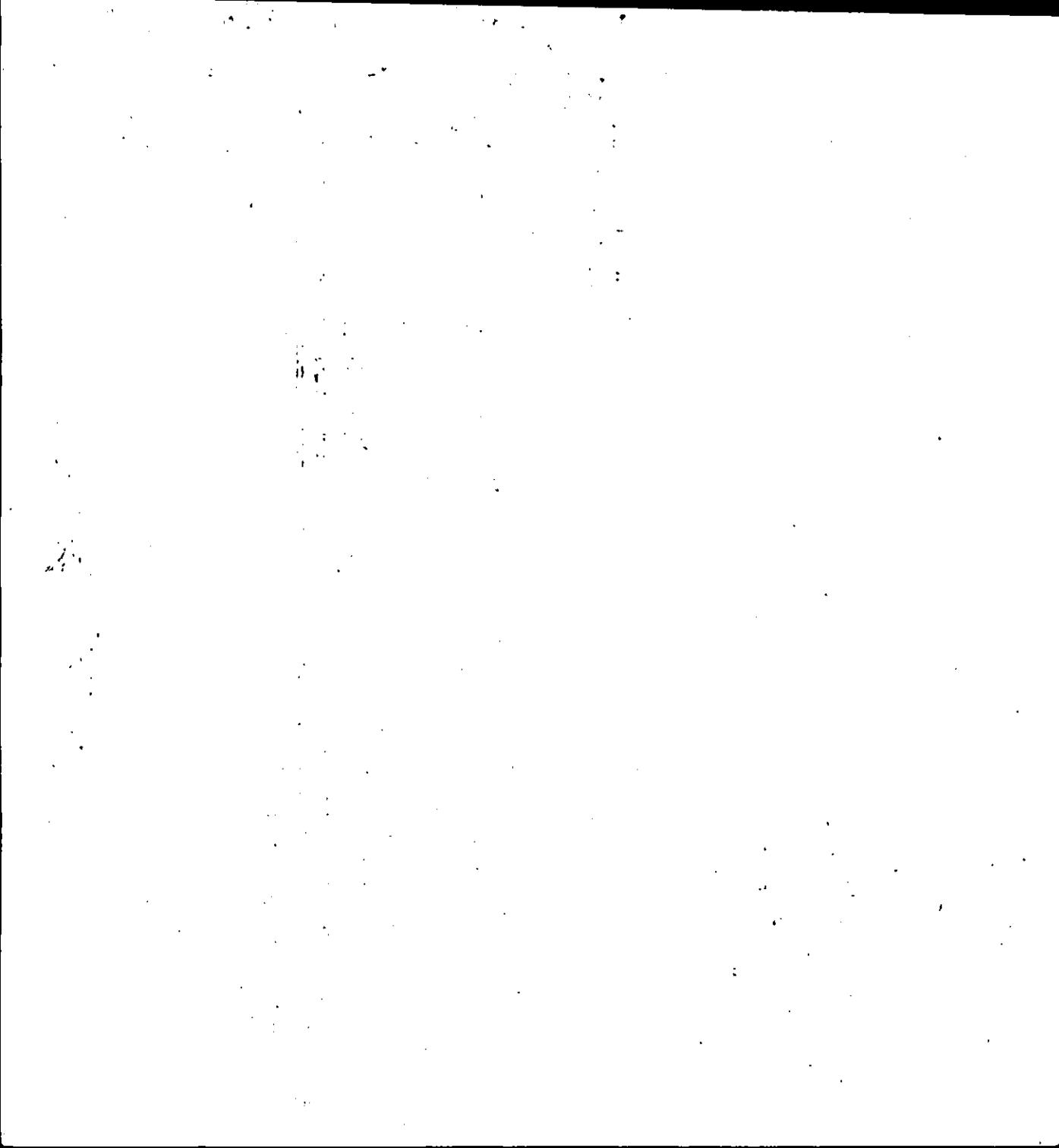
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. K. Warrack, M. D.  
 (Address) Houston, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **DO NOT SIGN** unless you are a physician. **DO NOT SIGN** unless you are a physician. **DO NOT SIGN** unless you are a physician. **DO NOT SIGN** unless you are a physician.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Texas  
Township Pitney  
City (No. ....) (St. ....) (Ward)

Registration District No. 863  
Primary Registration District No. 6137

File No. ....  
Registered No. ....

**2. FULL NAME**

Mary E. Harmon

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1936

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.

78 8 2

Chronic Gastritis Date of onset

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

Unknown, cause  
Other contributory causes of importance:

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 9-11 1936 J. H. Womack Registrar.

Name of operation Date of operation  
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 J. H. Womack, M. D.  
(Signed) Donator  
(Address)

**SUPPLEMENT**

Exact statement of OCCUPATION is very important.

29598

UNIVERSITY OF CALIFORNIA