

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.

NOV 27 1936

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

Dr. E. M. LeCompte
Do not use this space.

37342

1. PLACE OF DEATH
County Greene Registration District No. 317
Township 10th Primary Registration District No. 5441
City Republic, Mo. Republic, Mo. Re 2 St. _____ Ward _____

2. FULL NAME Mrs. Rena Harmon
(a) Residence, No. Re 2 Republic, Mo. _____ 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.

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Glenn Eldon Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 10

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

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) Brookline, Mo.

13. NAME E. M. Harmon

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

15. MAIDEN NAME Kate McCoy

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

17. INFORMANT Glenn Eldon Harmon (ADDRESS) Republic, Mo. Re 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Republic DATE Oct 15, 1936

19. UNDERTAKER Rena Harmon (ADDRESS) Springfield, Mo.

20. FILED Oct 15, 1936 Mrs. Bertha Harmon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct - 9, 1934, to Oct 13 -, 1936
last seen alive on Oct - 12 -, 1936. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast
Date of onset 1928-34

Other contributory causes of importance: 50

Name of operation Removal of right breast Date of 10-9-1934
What test confirmed diagnosis? Biopsy 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) E. M. LeCompte, M. D.
(Address) Brookline Station, Mo.

