

NOV 28 1937

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

Do not use this space.

43689

1. PLACE OF DEATH

County Andrew
Township Saline
City Mexico Mo. R. 2d (No. _____)

Registration District No. 26
Primary Registration District No. 5034

File No. _____
Registered No. 191 St. _____ Ward)

2. FULL NAME Dennis Thomas Haroy

(a) Residence, No. R. F. 24, Mexico, Mo. Was _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie Haroy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 6 - 1957</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>29</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov-28, 1936, to Dec-4, 1936. I last saw him alive on Dec 4, 1936. Death is said to have occurred on the date stated above, at 7:15 A.M.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	11. Total time (years) spent in this occupation
	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)	

The principal cause of death and related causes of importance were as follows:
Thrombo-anginitis Arterialis of Arteries & Veins of Left leg. Date of onset _____

Other contributory causes of importance:
Arteriosclerosis, & Chronic Valvular disease of the heart.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Walnut Ridge Ark</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam 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 _____

17. INFORMANT Miss W. H. H. Camp
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery DATE Dec. 5 - 1936

19. UNDERTAKER H. A. Paul & Son
(ADDRESS) Mexico Mo

20. FILED 12-4-36 1936 Blanche Neely
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) R. H. Van Hyngard, M. D.
(Address) Mexico Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASIONAL CAUSES very important.

