

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Warren*
Township *Bridgport*
City *Warren* (No. *1*)

Registration District No. *881*
Primary Registration District No. *61782*

File No. *25148*
Registered No. *27*
St. *1* Ward *1*

2. FULL NAME

Leona May Harlan

(a) Residence, No. *1* St. *1* Ward *1*

(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 *Female* 4. COLOR, OR RACE *White* 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) *Jan 12 - 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

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) *Jan 1937* 11. Total time (years) spent in this occupation *None*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Warren Co., Mo.*

13. NAME *Eunice H. Harlan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas Co., Mo.*

15. MAIDEN NAME *Della Lillard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co., Mo.*

17. INFORMANT (ADDRESS) *Eunice H. Harlan, Warrenton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calverton Cem* DATE *June 2nd 1937*

19. UNDERTAKER (ADDRESS) *Florence Wische, Warrenton, Mo.*

20. FILED *June 9, 1937* *A. W. Whiting, Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 1st 1937*

22. I HEREBY CERTIFY That I attended deceased from *May 26 1937* to *June 1st 1937*

I last saw him alive on *May 26 1937*. 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:

Acute Polionyelitis

Date of onset *5/24/37*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis *Clinical* 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 *Mr. Clarenbach*

(Signed) *W. Clarenbach*, M. D.

(Address) *Wright City, 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.

PERMANENT RECORD

