

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

58
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7

County Linn

Registration District No. 496

File No. 31109

Township Brookfield

Primary Registration District No. 3025

Registered No. 59

City Brookfield (No.) St. Ward)

2. FULL NAME

William Harwood

(a) Residence, No. 123 Saragut St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1874

7. AGE YEARS 63 MONTHS 0 DAYS 12 If LESS than 1 day, hrs. min.

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. RR Conductor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

13. NAME Thomas Harwood

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

15. MAIDEN NAME Martha Garrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

17. INFORMANT x Billy Harwood (ADDRESS) Brookfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE Aug 12 1937

19. UNDERTAKER Homer Gardner (ADDRESS) Brookfield Mo

20. FILED Sept 3 37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at 5:30 p.m.

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

Cerebral Apoplexy
(3rd Stroke)
Date of onset Aug 8, 37

Other contributory causes of importance: 82A!

Coronary View

Name of operation none Date of

What test confirmed diagnosis? 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

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 4

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm L. Lucas Registrar
Prisoner of War Co
Brookfield 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.

