DEC 14 1937

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

Do not use this space.

File No. 40761

Registered No. 1934

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 9 1

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. St. Joseph Ave. at Karnes Road. St. Ward)

2. FULL NAME George W. Harvey

(a) Residence, No. 1804 Savannah Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	33	2	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beverage Dispenser.

10. Date deceased last worked at this occupation (month and year) Dec. 4, 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Mo.

FATHER

13. NAME Emmett O. Harvey

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

MOTHER

15. MAIDEN NAME Drusilla M. Angsten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT Mrs. Drusilla M. Harvey
(ADDRESS) 1804 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetery DATE Dec. 7, 1937, 19

19. UNDERTAKER Walter Meinholder
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-7, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1937, 19

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Dec. 5, 1937, 19, to, 19

I last saw him alive on, 19. Death is said to have occurred on the date stated above, at 6.15 m. A.M.

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

	Date of onset
Injuries received when the auto in which he was riding collided with street car as a passenger	

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec. 5, 1937
Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place, In street.
Manner of injury auto collision
Nature of injury fractured skull

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

(Signed) B. D. Tadlock M. D. Coroner.
(Address) King Hill Bldg. St. Joseph, 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.