

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole,Registration District No. 213

Township

Primary Registration District No. 3014City Jefferson (No.)

St. Ward)

41031

File No.

Registered No. 2922. FULL NAME Hubert Harvey - #47401, Missouri State Penitentiary,(a) Residence, No. Jefferson City, Missouri. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mrs. Adele Harvey

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

36

5

3

OCCUPATION

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

Painter

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

Unknown.

10. Date deceased last worked at
this occupation (month and
year) Unknown.11. Total time (years)
spent in this
occupation Unkn.12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.

FATHER

13. NAME Unknown.14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.

MOTHER

15. MAIDEN NAME Unknown.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.17. INFORMANT Mrs. State Prison
(ADDRESS) J. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo DATE Nov. 6 193719. UNDERTAKER Heinrichs Undertak. Co.,
(ADDRESS) Jefferson City, Missouri.20. FILED 11/10/ 1937 J. Bedford M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 193722. I HEREBY CERTIFY, That I attended deceased from
Oct. 13, 1937 to Nov. 5, 1937I last saw him alive on Nov. 5, 1937. Death is saidto have occurred on the date stated above, at 3:50 p.m.

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

(1) Bronchial Pneumonia

(2) Acute Dilation of the
Stomach

Date of onset

Other contributory causes of importance:

(1) Cholecystitis, (2) Chol-
edlithiasis, and (3) Appen-
dicitis. Unkn.

Cholecystectomy & Appendectomy

Name of operation Cholecystectomy & Appendectomy Date of operation 11/5/37What test confirmed diagnosis? None. 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?

If so, specify

(Signed) W. W. Lambert,

Prison Physician, M. D.

(Address) Jefferson 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.

RECORD

26
38

69

31

81

31

3
1

