

REC'D APR 23 1938

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

Do not use this space.

11358

1. PLACE OF DEATH

58 County Linn Registration District No. 501
Township Locust Creek Primary Registration District No. 5666
City (No.) St. Ward

2. FULL NAME Bernard Russell Harvey 610

(a) Residence, No. St. Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 6, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linneus Missouri 013. NAME Stanley Harvey 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Missouri 015. MAIDEN NAME Dorothea Sparks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Missouri17. INFORMANT (ADDRESS) Stanley Harvey Linneus, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE 4/4/1938 1919. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.20. FILED 4-10-38 1938 Miss Jno W. Webb Registrar. 863

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/2/1938 19

22. I HEREBY CERTIFY That I attended deceased from March 18, 1938, to April 2, 1938, 1938.
I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 8⁰⁰ P.m.
The principal cause of death and related causes of importance were as follows:

Ataxia media
Sheptococci meningitidis (sheptococci)

Date of onset
March 26, 1938
April 1, 1938

Other contributory causes of importance: measles 7-
measles 7-

March 18, 1938

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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 (Signed) J. J. Dorton, M. D.

(Address) Linneus, 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.

