

REC'D APR 22 1938

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

11880
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township _____ Primary Registration District No. 3034 Registered No. 65
(c) City Moberly (d) Street No. 513 Cleveland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William E. Harvey (William E. Harvey) - L.O
(a) Residence, No. 513 Cleveland St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mary Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th 1860

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
77 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Mo

FATHER 13. NAME Edward Harvey

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

MOTHER 15. MAIDEN NAME Mary Gates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Mary Harvey Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadville Mo DATE March 19th 1938

19. FUNERAL DIRECTOR (ADDRESS) Mahon and Son Moberly Mo

20. FILED Mar 19 1938 Ethel Blanton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Mar 17th, 1938
I last saw him alive on Mar 17th, 1938. Death is said to have occurred on the date stated above, at 11:25 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Other contributory causes of importance: 46'

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. D. Jewell, M. D.

(Address) 319 1/2 W. Republic 1622 Moberly Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 3821

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank D. White

Licensed Embalmer No. 3021

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)