

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Butler Registration District No. 90 File No. 14152
 Township Act Hill Primary Registration District No. 2734A Registered No. 10
 City (No.) St. Ward (No.) Ward

2. FULL NAME William Henry Harvey 616
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 — 2 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
 10. Date deceased last worked at this occupation (month and year) April 25, 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER FATHER
 13. NAME Geffie Harvey 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 6
 15. MAIDEN NAME Josephine Gibson 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 1
England

17. INFORMANT W. H. Harvey
 (ADDRESS) Dennis Mo. B1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memor Valley DATE 4-27-38 19

19. UNDERTAKER Watkins Funeral Home
 (ADDRESS) Dennis Mo

20. FILED 5-12- 19 38 Nora J. Smith
 Registrar. 90

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I ~~last saw~~ over the body after death seen the body on 19..... Death is said to have occurred on the date stated above, at 11:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Distended Bladder Date of onset 10:30 P.M.
ruptured in the lung. 25th
9 April

Other contributory causes of importance: Heart Enlarged 114 P.M.

Name of operation 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) A. F. Farley M. D.
 (Address) Fish, Missouri

CRUDE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14132
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 90
(b) Township Cash Hill Primary Registration District No. 3734A Registered No. 10
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Henry HARVEY
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE, 19				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED <u>5-10</u> 19 <u>38</u> <u>Noah Smith</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

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

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

Date of onset

Other contributory causes of importance:

Name of operation 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) R. F. Harpley, M. D. (Address) Franklin

