REC'D JUN 16 1938

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

18142
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess Registration District No. 250
(b) Township Monroe Primary Registration District No. 5349 Registered No. 19
(c) City ..... (d) Street No. ..... 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilmer Givens Harlow
(a) Residence, No. Daviess Co. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writs* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Harlow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1868
7. AGE: Years 69 | Months 4 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Daviess Co., (STATE OR COUNTRY) Missouri

FATHER
13. NAME James Harlow
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Hulda Nichols
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

17. INFORMANT Roy Harlow (ADDRESS) R.F.D. 1, Gallatin, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE May, 20 1938
19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co (ADDRESS) Gallatin, Mo.
20. FILED May 19 1938 H. A. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 18, 1938
I last saw him alive on May 17, 1938. Death is said to have occurred on the date stated above, at 6:20 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	July 1937

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? Clinical. 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? No
If so, specify —
(Signed) M. A. Smith, M. D.
(Address) Gallatin Mo.

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

L. O. Richesson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missou

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

If this body is not embalmed, above space should be left blank.