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REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway
Township
City Guilford (No. ..... St. ..... Ward)
Registration District No. 623
Primary Registration District No. 4374
File No. 19051
Registered No. 4

2. FULL NAME John Wesley Harmon 654
(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. 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 Julia Etta Taylor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1856
7. AGE YEARS 82 MONTHS 1 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolckow Mo

FATHER
13. NAME Henry Harmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susan Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri

17. INFORMANT (ADDRESS) Mrs Ada Henderson Guilford, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Guilford Mo DATE May 26 1938
19. UNDERTAKER (ADDRESS) C. C. Reynolds Guilford, Mo
20. FILED 5-26 1938 J. M. McClanahan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1938
22. I HEREBY CERTIFY, That I attended deceased from N.S.S. 1 1937, to May 24 1938
I last saw him alive on May 23 1938. Death is said to have occurred on the date stated above, at 1045 A M
The principal cause of death and related causes of importance were as follows:
Cerebro spinal meningitis (not epidemic) due to arteriosclerosis
Date of onset
Other contributory causes of importance: Senility 79a
Name of operation no or 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) A. D. Barnett M. D.
(Address) Guilford Mo 554

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.