

REC'D JUN 23 1938

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

Do not use this space.

19263

1. PLACE OF DEATH

County

Pulaski

Registration District No.

714

File No.

3A

Township

Roubidoux

Primary Registration District No.

5-944

Registered No.

5

City

(No. _____)

St.

Ward

2. FULL NAME

Vanda Alberta Harmon

65

(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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Infant

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

May 24, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 17...hra. or 4.0...min.

0

0

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

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)

Pulaski Co., Mo.

13. NAME

Henry Harmon

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

Pulaski Co., Mo.

15. MAIDEN NAME

Bezzie Williams

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

Texas

17. INFORMANT (ADDRESS)

Nenny Harmon

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Friendship

DATE

May 26 1938

19. UNDERTAKER (ADDRESS)

C. Patten & W. H. Kimes
Bloodland Ind.

20. FILED

6-8-38

1938

S. G. Koonee

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

May 24, 1938, to May 26, 1938

I last saw her alive on May 24, 1938. Death is said

to have occurred on the date stated above, at 4:00 P. M.

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

Cause of death not known

Date of onset

Other contributory causes of importance:

200 B-1

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? a (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) C. J. Wallette, M. D.

(Address)

Crocker, 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.

