

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.

NOV 21 1938

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

35637
 Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 295
 (b) Township MERAMEC Primary Registration District No. 5412 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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 5 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

652 William Harms
 (a) Residence, No. Sullivan Missouri. 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 Ilea Harms *April*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1857
 7. AGE YEARS 81 MONTHS 9 DAYS 2 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. _____
 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) St. Louis Missouri

FATHER 13. NAME Henry Harms
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER 15. MAIDEN NAME Charlotte Zinke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Preusc Minden Germany

17. INFORMANT (ADDRESS) Willard Harms Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton, Mo. DATE Oct. 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer Sullivan, Missouri

20. FILED 107 10 1938 Edgar W. Taffner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to Oct 8, 1938
 I last saw him alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.
 The principal cause of death and related causes of importance were as follows:

uraemia
131
 Other contributory causes of importance: Chro. Hypertensive Cardio-renal disease - 1930

Name of operation None Date of _____
 What test confirmed diagnosis? Cholesterol & Sugar 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) Edgar W. Taffner, M. D.
 (Address) Sullivan, Missouri.

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STATEMENT BY LICENSED EMBALMER

I, Edgar W. Saffron, Licensed Embalmer No. 3394

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

L. E.

No. 3394 or by _____
working under my personal supervision.

Signed Edgar W. Saffron Registered Apprentice No. _____

Licensed Embalmer No. 3394

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-639
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295
 (b) Township Meramec Primary Registration District No. 3412 Registered No.
 (c) City (d) Street No.
 (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 Harms

(a) Residence, No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>81</u>	YEARS	MONTHS <u>9</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION		11. Total time (years) spent in this 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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
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 19... Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... 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:
Uremia
1371
 Other contributory causes of importance:
Chr. Hypertensive Cardio-renal Disease (Chr. Nephritis)

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) C. A. Proctor, M. D.
 (Address) Sullivan

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

