

REC'D DEC 22 1938

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

Do not use this space.

40137

1. PLACE OF DEATH

County Randolph Registration District No. 739
 Township Sherridan Primary Registration District No. 5972
 City College Mound St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

James Virgil Harlan
 (a) Residence No. College Mound St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nona Harlan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19, 1938</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>College Mound, Mo.</u>	
	13. NAME <u>Isaac Harlan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>College Mound, Mo.</u>	
	15. MAIDEN NAME <u>Sarah Sears</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville, Mo.</u>	
	17. INFORMANT <u>W. L. Harlan</u> (ADDRESS) <u>Moberly, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel</u> DATE <u>11-24</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>J. D. Lipton</u> <u>Moberly, Mo.</u>		
20. FILED <u>Dec 1</u> 19 <u>38</u> <u>Mrs. B. A. Baruhart</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1928 to Nov 22, 1938
 Last saw him alive on Nov 22, 1938 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset _____

Other contributory causes of importance:
none

Name of operation None Date of _____
 What test confirmed diagnosis? Imp. sputum 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) L. L. Harms, M. D.
 (Address) Sherridan, 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.

Dr. Harms
Salisbury, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38

Date Filed 12/12/38