

REC'D DEC 19 1938

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

40475

Do not use this space.

1. PLACE OF DEATH

(a) County Saline(b) Township Miami

(c) City.....

2. Registration District No. 7971 Primary Registration District No. 6040

(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 132. PRINT FULL NAME Annie Laura Harvey(a) Residence, No. St. (If nonresident, give city or town and State)

(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wells Harvey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>I</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper9. 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) Kentucky13. NAME William M. Vardeman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Sarah Searce16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) J. D. Harvey
Marshall, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Cem. DATE Nov. 30th, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis
Marshall, Mo.20. FILED 11-30 1938 Mrs. Aubrey Haynes (Address) Marshall, Mo.

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1938, to Nov 26, 1938I last saw her alive on Nov 26, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Angina Pectoris
Arterio Sclerosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Chemical 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? NoIf so, specify (Signed) G. S. Hardin, M. D.(Address) Marshall, Mo.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/28

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, _____

James H. Lewis

_____, or by _____

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

Signed *James H. Lewis*

Licensed Embalmer No. *1171*

P. O. Address *Marshall Mo*

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.)

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