REC'D DEC 19 1938

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

40476
Do not use this space.

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.

1. PLACE OF DEATH
(a) County Saline — Registration District No. 797
(b) Township Miami — Primary Registration District No. 6040 — Registered No. 14
(c) City ____ (d) Street No. ____ St.
(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.

2. PRINT FULL NAME Henry Wells Harvey
(a) Residence, No. Marshall, Mo. Route # 3. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Laura Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24th, 1866

7. AGE: Years 72 — Months 9 — Days 10 — 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. Retired
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) Saline County Missouri

FATHER
13. NAME Theadore Lee Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

MOTHER
15. MAIDEN NAME Cecelia Bickley Dyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County Missouri

17. INFORMANT J. H. Harvey
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cem. DATE Dec. 6th, 1938

19. FUNERAL DIRECTOR (NAME) Campbell-Lewis 711
(ADDRESS) Marshall, Mo.

20. FILED 12-6-, 1938 Mrs Aubrey Hayne
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-4-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Dec 4-, 1938
I last saw h. alive on Dec 4-, 1938. Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

100

Other contributory causes of importance:
Cardiac Hypertrophy with Arteriosclerosis

Name of operation ____ 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? No 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) G. S. Hardin, M. D.
(Address) Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 12/18/38
Date Filed

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, Jas N. Lewis, or by .....

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

Signed Jas N. Lewis

Licensed Embalmer No. 1171

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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