

REC'D FEB 11 1939

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

3489

Do not use this space.

1. PLACE OF DEATH *Phelps 2*  
(a) County *Phelps 2* Registration District No. *677*  
(b) Township *Rolla* Primary Registration District No. *4403* Registered No. *2*  
(c) City *Rolla* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 *610 CHARLES HARVEY*  
(a) Residence, No. *Rolla, Mo.* 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 *Juanita Barton Harvey*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-31-1913*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*25 0 6*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Restaurant Manager*  
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) *Phelps Co., Mo.*

FATHER 13. NAME *Claude Harvey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Phelps Co., Mo.*

MOTHER 15. MAIDEN NAME *Emma Pryor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Phelps Co., Mo.*

17. INFORMANT (ADDRESS) *Claude Harvey*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rolla, Mo.* DATE *1/8/39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs. Harry McCaw*  
*Rolla, Mo.*

20. FILED *Jan. 8* 1939 *Joe F. Oyer* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-6* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 2nd*, 1939, to *Jan 6*, 1939  
I last saw him alive on *Jan 6*, 1939. Death is said to have occurred on the date stated above, at *1:15 p.m.*  
The principal cause of death and related causes of importance were as follows:

*Bilateral Lobar pneumonia*  
*Lower left and lower st. lobes,*

Date of onset

Other contributory causes of importance: *105*  
*Pneumonitis*

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? *no*

If so, specify \_\_\_\_\_ (Signed) *E. E. Fejil*, M. D.

(Address) *Rolla mo.*

**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, .....

*R. Z. McCaw*

....., or by .....

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

Signed.....

*R. Z. McCaw*

Licensed Embalmer No. ....

*3953*

P. O. Address .....

*Rolla, 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.**