

MO FEB 7 1939

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

(7100) 3310
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 678
 (b) Township St. James Primary Registration District No. 5904 Registered No. _____
 (c) City St. James Mo. (d) Street No. St. James Hospital 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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
610 Wilma Jane Harvey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-5-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo.

13. NAME Pryor Harvey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo.

15. MAIDEN NAME Verne Metcalf
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay City Illinois

17. INFORMANT Claude Harvey (ADDRESS) Ralla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ralla DATE 1/6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harry McCaw Ralla Mo.

20. FILED 2-1- 1939 Elsie B. Horst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-5- 1939, to 1-5- 1939
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:22pm.
 The principal cause of death and related causes of importance were as follows:

Prematurity
154
 Other contributory causes of importance: none
 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) E. E. Fain, M. D.
Ralla 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.

1 X14023

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.