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.

REC'D MAR 20 1939

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

7029
Do not use this space.

55
5
0

1. PLACE OF DEATH
(a) County Lawrence — Registration District No. 471
(b) Township Pierce — Primary Registration District No. 4284 — Registered No. 5
(c) City Pierce City — (d) Street No. ..... M. ..... 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 614 Benjamin Riley Harville
(a) Residence, No. 306 Locust St 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: Ica Griffin Harville
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 24, 1886
7. AGE: YEARS 52 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
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): May '37
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton Co. Mo

FATHER
13. NAME: William Riley Harville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mary Ann Hand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Mrs George Griffin

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cem DATE: 3/1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Victor Niemeyer, Pierce City Mo

20. FILED: Feb. 28, 1939 E. R. Wright, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937, to Feb. 27, 1939
I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 550 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1935 |
| Auricular Fibrillation | 1937 |
| 93C | |

Other contributory causes of importance:

| | |
|---|---|
| Uremia - Acute Nephritis due to | Feb 24 '39 |
| Dehydration and Circulatory | Feb 24 '39 |
| Failure | |

Name of operation: None — 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) L Mason Lyons, M. D.
422 (Address) Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-667
Date Filed MAR 16 1939

## 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 Victor O. Kiemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City 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.**