REC'D JUL 11 1939

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

21620
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 657

(c) City or St. Joseph — (d) Street No. St. Joseph's 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 15 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Cornelius Harkins

(a) Residence, No. 229 Mertland Apts'. St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

625

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1858.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Realestate

9. Industry or business in which work was done, as saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1924

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud Kansas 1

FATHER

13. NAME Terrence Harkins 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

MOTHER

15. MAIDEN NAME Bridget Dunleavy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Miss. Theresa M. Brick Mo. 229 Mertland Apts' St. Joseph.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE June 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED June 29 1939 H. J. Nestlebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939, to June 27, 1939
I last saw him alive on June 27, 1939. Death is said to have occurred on the date stated above, at 3:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown

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Other contributory causes of importance:

Prostatic hypertrophy with obstruction	Unknown
Arterio-sclerosis general	Unknown

Name of operation trans-urethral resection of prostate Date of 6-13-39
What test confirmed diagnosis? Laboratory 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) [signature], M. D.
(Address) St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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 Albert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.