

LOCAL REGISTRAR'S REPORT--DO NOT TEAR LEAF OUT

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

Do not use this space.

1. PLACE OF DEATH

County Frank

Township Nottingham

City Nottingham

Registration District No. 144

Primary Registration District No. 6288

File No. 36815

Registered No. 6288

St. Mo.

Ward 1

2. FULL NAME

(a) Residence, No. 1610

St. Mo.

Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Everett Harley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8

7. AGE

YEARS

MONTHS

DAYS 4

If LESS than 1 day, ... hrs. or min.

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

9. Industry or business in which work was done, as silk mill, 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) Nottingham Mo.

13. NAME Everett Harley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nottingham Mo.

15. MAIDEN NAME Artie Pipkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nottingham Mo.

17. INFORMANT (ADDRESS) Alfred Harley

18. BURIAL, CREMATION, OR REMOVAL

PL Roman Mo. DATE Sept. 27 1939

19. UNDERTAKER (ADDRESS) Hallie J. Dain

20. FILED Sept 27 39 Hallie J. Dain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1939 to Sept 26 1939

I last saw her alive on Sept 26 1939 Death is said

to have occurred on the date stated above, at 6:10 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
& Bacterial Infection

Date of onset

Other contributory causes of importance: 108

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) A. E. Meyer M. D.

(Address) Alma Mo.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No.....
City..... (No.....) St.....

2. FULL NAME

(a) Residence, No..... St..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	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)			
7. AGE	YEARS	MONTHS	DAYS
		If LESS than 1 day, ...hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, 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)			
FATHER	13. NAME		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE DATE 19.....			
19. UNDERTAKER (ADDRESS)			
20. FILED 19.....			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	19.....
22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....	
I last saw him alive on....., 19.....	
to have occurred on the date stated above, at.....m.	
The principal cause of death and related causes of importance were as follows:	
Date of death.....	
Other contributory causes of importance:	
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)....., M. D.	
(Address).....	

Registrar.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36815

Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 649
(b) Township Northfield Primary Registration District No. 6288 Registered No. _____
(c) City _____ (d) Street No. _____
(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. New Born (Berlina Harley) 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1939

7. AGE YEARS MONTHS DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 26, 1939 Hattie O. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) F. C. Manges, M. D.

(Address) Almora Mo

1850

1850