

DEC 15 1909

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

39533
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 294
 (b) Township Central Primary Registration District No. 1170
 (c) City St. Clair (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME George Henry Harms
 (a) Residence, No. _____ 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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Harms
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1862
 7. AGE YEARS 76 MONTHS 11 DAYS 24 If LESS than 1 day, _____ hra. 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Jeff ieszburg, (STATE OR COUNTRY) Mo.
 FATHER 13. NAME George Harms
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Agnes-
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
 17. INFORMANT Mrs Bert Jones (ADDRESS) St. Clair, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE IOOF Cemetery DATE Nov. 16, 1909
 19. FUNERAL DIRECTOR (NAME) Casey & Lenox (ADDRESS) St. Clair, Mo.
 20. FILED Dec 9, 1909 W. H. Duckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14- 1909
 22. I HEREBY CERTIFY, That I attended deceased from 11-9- 1909, to 11-14- 1909
 I last saw him alive on 11-14- 1909. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Chronic Prostatitis
 Other contributory causes of importance: _____
 Name of operation Lot Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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) W. H. Duckworth M. D.
 (Address) St. Clair, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

I X16003

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 *H. M. Lewis*
Licensed Embalmer No. *3601*
P. O. Address *St. Clair*

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.