

FILED JUN 6 1940

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

17832

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township 0 Primary Registration District No. 3006
(c) City Columbia (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

610 ROSCOE HARVEY
(a) Residence, No. 309 LOCUST 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 <u>Male</u>	4. COLOR OR RACE <u>Wepo</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-13-1907</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>2</u>	DAYS <u>23</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	
	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 _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yates Missouri</u>	
	13. NAME <u>Richard Harvey</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co. Missouri</u>	
	15. MAIDEN NAME <u>Rena Evans</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>Rena Harvey Columbia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salary cemetery</u> DATE <u>5-8</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stuart P. Parker Columbia Missouri</u>		
20. FILED <u>5/8</u> 19 <u>40</u> <u>Allice Selby</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 194022. I HEREBY CERTIFY, That I attended deceased from May 5 1940 to May 6 1940

I last saw him live on May 6 1940 Death is said to have occurred on the date stated above, at 7:20 a. m.
The principal cause of death and related causes of importance were as follows:

Diabetes 54 2 years
Other contributory causes of importance: Carbuncle R Shoulder 21 days

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) O. A. Mason M. D.
(Address) 301 n. 5th Columbia Mo

I X118603
 WHITE PRINTED 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.

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

Shuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia W

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.