FILED OCT 28 1943

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

Do not use this space.

34022

1. PLACE OF DEATH
County ATCHISON — Registration District No. 3 — File No.
Township NISHNABOTNA — Primary Registration District No. 4011 — Registered No.
City WATSON (No. , St. Ward)

2. FULL NAME 1 JOHN PRESSLEY HARMON
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1857
7. AGE: YEARS 86 — MONTHS 7 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED FARMER.
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) UNKNOWN NEMAHA. CO. NEBR

FATHER
13. NAME THOMAS HARMON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALTON. ILL.

MOTHER
15. MAIDEN NAME ELLEN DOUGHTRY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ILL.

17. INFORMANT (ADDRESS) Grover Harmon Rock Port. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE High Creek. DATE 10-11 1943
19. UNDERTAKER (ADDRESS) Grat Bartholomew Rock Port. Mo.
20. FILED 10-9 1943 J. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7, 1943
22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1940, to Oct. 7, 1943
I last saw him alive on Oct. 1, 1943 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:
Senile decay. — Date of onset
162b
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? Clinical 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) James A. Gray, M. D.
(Address) Watson Mo.

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

MARGIN RESERVED FOR BINDING

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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