

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

Do not use this space.

16904

1. PLACE OF DEATH

County Henry Co.
Township Shelburne
City Chillicothe (No. _____)

Registration District No. 354
Primary Registration District No. 5502

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Floyd Junior Harbit

(a) Residence No. Chillicothe St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 - 1926

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|----------|----------|----------|--|
| | <u>1</u> | <u>9</u> | <u>2</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warsaw
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Floyd Harbit

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ark

12. MAIDEN NAME OF MOTHER Royatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lecton
(STATE OR COUNTRY) Mo

14. INFORMANT Floyd Harbit
(Address) Chillicothe Mo

15. FILED 6/18/28 1928 J. S. Beatty
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1 1928, to May 1 1928 that I last saw him alive on May 1 1928, and that death occurred, on the date stated above, at 8:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Whooping Cough
(duration) _____ yrs. _____ mos. 21 ds.

CONTRIBUTORY (SECONDARY) 9
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. H. Muehlen, M. D.
May 19 1928 (Address) Chillicothe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo DATE OF BURIAL May 3 1928

20. UNDERTAKER Lucy Cook ADDRESS Chillicothe Mo

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.

