

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

Do not use this space.

23610

File No. 23610  
Registered No. 100  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township \_\_\_\_\_ Primary Registration District No. 3018  
City Clinton St. \_\_\_\_\_ Ward)

2. FULL NAME Robert Edwin Harman

(a) Residence. No. South 2nd 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 | 7 | 21 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Broker  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Paris, Texas  
(STATE OR COUNTRY)

10. NAME OF FATHER D G Harman

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

12. MAIDEN NAME OF MOTHER Agnes Spencer

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

14. INFORMANT Mrs R E Harman  
(Address) Clinton Mo

15. July 31, 1928 Dr. E. C. DeLoe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1928

17. I HEREBY CERTIFY That I attended deceased from July 30 1928 to July 30 1928.  
that I last saw him alive on July 30, 1928, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Spontaneous Hemorrhage

3 1/4 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) & hemorrhage  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) J. Mallis, M. D.  
, 19 (Address) Clinton 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 Englewood Cem DATE OF BURIAL Aug 1 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton 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.

