

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

Do not use this space.

36971

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township Clinton

Primary Registration District No. 3018

City Clinton (No. _____)

File No. _____

Registered No. 133

2. FULL NAME

Robert Vanner Harrington

(a) Residence. No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Ann Harrington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>1</u>	<u>3</u>	

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

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Henry Co, Mo

10. NAME OF FATHER Wm Harrington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Ann Covington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Francis Harrington
(Address) Clinton Mo

15. FILED Nov 9 1929 Dr E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 4th 1929, to Nov 8 1929 that I last saw him alive on Nov 8 1929, and that death occurred, on the date stated above, at 3:35 m. P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cardiac renal disease
95 P
111 P years (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary edema (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH.
19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) S W Wolz 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 Norris Cemetery DATE OF BURIAL 11-10 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton

WRITE PLAINLY, 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.

PARENTS

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