

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

Do not use this space.

1. PLACE OF DEATH

County Henney Registration District No. 347
Township Fred's Creek Primary Registration District No. 5490
City (No.) St. Ward

File No. 24838
Registered No. 79

2. FULL NAME

Paul Harenfeldt
(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 1931
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4

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) Near Clinton
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Harenfeldt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Meller Co Mo
12. MAIDEN NAME OF MOTHER Ruth Seaton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

14. INFORMANT Fred Harenfeldt
(Address) Clinton Rb

15. FILED 7/6 19 31 Ed C. Peelow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1931
I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 6, 1931, that I last saw him alive on July 5, 1931, and that death occurred, on the date stated above, at 3 00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Daniel A. Pogue M. D.

7/6, 19 31 (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

DATE OF BURIAL

Englewood Cem 7-6 19 31

20. UNDERTAKER

ADDRESS

Spore + Son 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.

JUL 24 1931

Pogue

