

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

Do not use this space.

1128

1. PLACE OF DEATH.
 47 County Henry Registration District No. 14
 Township X Primary Registration District No. 4211
 2 City Windsor (No. _____) St. _____ Ward _____
 2. FULL NAME John F. Harbit.
 (a) Residence, No. S. Commercial St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 50 yrs. mos. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sing le

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 1-1957

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	75	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

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) Kentucky

FATHER
 13. NAME John Harbit
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Elizabeth Bowen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Amanda Billings Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE 1/3/33

19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL Windsor Missouri

20. FILED 123 1933 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2-1933 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 26 1932, to Jan 2 1933
 I last saw him alive on Dec 31 1932. Death is said to have occurred on the date stated above, at 6:30 am.
 The principal cause of death and related causes of importance were as follows:
Influenza
11B 11B
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? Y
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) [Address]

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.

