

AUG 17 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

23622

## 1. PLACE OF DEATH

County Linn  
 Township Brown  
 City Browning (No. 1)

Registration District No. 497  
 Primary Registration District No. 4300

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Becker Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1st, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
81 3 5

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

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

10. Date deceased last worked at this occupation (month and year) Feb. 1933 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County, Mo.

13. NAME A. C. Harmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boyle County, Ky.

15. MAIDEN NAME Margaret Tharp Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boyle Co. Ky.

17. INFORMANT Jas. P. Bolling  
 (ADDRESS) Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 7-8 1935

19. UNDERTAKER W. W. Harmon  
 (ADDRESS) Browning, Mo.

20. FILED 7/7 1935 Flora M. McCormick  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 6 1935

I last saw him alive on July 6 1935. Death is said to have occurred on the date stated above, 4 P. m.

The principal cause of death and related causes of importance were as follows:

Ch. nephritis

Date of onset

Other contributory causes of importance See 21

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_

(Signed) J. P. Bolling, M. D.

(Address) Browning, 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.

