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Do not use this space.

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

~~FILED~~ JAN 20 1941  
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1. PLACE OF DEATH

County Dinn.

Township Benton.

City Browning Mo.

Jacob B. Harmon.

Registration District No. 497

Primary Registration District No. 4300

File No. ....

Registered No. 21

St. .... Ward)

2. FULL NAME

(a) Residence, No. Browning 102nd Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 83 7 265

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) Mo.

13. NAME A. C. Harmon.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

15. MAIDEN NAME Margaret Tharp. Kentucky.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Corretta Harmon.

18. BURIAL, CREMATION, OR REMOVAL Bural. PLACE Knifong Cemetery DATE 12-7-40

19. UNDERTAKER (ADDRESS) L. H. Hummel. Browning Mo.

20. FILED Dec 31 1940 Mrs. Rita Williams Registrar

No Social Security No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1940

22. I HEREBY CERTIFY, That I attended deceased from June 15 1940 to Dec 5 1940. That saw him alive on Dec 5 1940 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Pulmonary Hemorrhage NMD Date of onset 12/1/40

Other contributory causes of importance:

Serious Chronic Myocarditis State Pneumonia 12/1/40

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? no Date of injury 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? If so, specify

(Signed) F. R. M. Carter M. D. (Address) Browning Mo.

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