

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

Do not use this space.
39200

1. PLACE OF DEATH

County Franklin
Township Franklin
City Deep Water (No. 140)

Registration District No. 351
Primary Registration District No. 4208

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME

Miss M. G. Harvey Flora M. Harvey

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF M. G. Harvey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1860

7. AGE YEARS 70 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(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) Kansas

10. NAME OF FATHER Henry Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Julia Bray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Joseph Keckler, Deepwater

15. FILED 12-2-1930 D. J. Ansell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2, 1930

17. I HEREBY CERTIFY That I attended deceased from Nov 19, 1930, to Dec 2, 1930 that I last saw h. alive on Dec 2, 1930, and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

flu
113
CONTRIBUTORY (SECONDARY) 113

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

8. DID AN OPERATION PRECEDE DEATH _____ DATE OF _____ WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) D. J. Ansell M.D. (Address) Deepwater

*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 Shunning Lane DATE OF BURIAL 12-2-1930

20. UNDERTAKER James Ansell ADDRESS Deepwater

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.

JAN 29 1931

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