WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30217

File No. .....

Registered No. 9885

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City, Hospital St. ..... Ward)

6610

2. FULL NAME William Harvey

(a) Residence, No. Ivy House - 6th & Market St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30-1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	3	25	

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Perry Harvey

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

MOTHER

15. MAIDEN NAME Frances Kemp

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

17. INFORMANT (ADDRESS) Hospital Information Grace Klopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U DATE 9-3 1931

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutgers

20. FILED SEP 22 1931 Alex C. Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to Aug 24, 1931, I last saw him alive on Aug 24, 1931. Death is said to have occurred on the date stated above, at 2.30 P.M.

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

	Date of onset
chronic myocarditis	
93C	
110B 93C	

Other contributory causes of importance:

pleurisy with effusion

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) J M Macnish, M. D.

(Address) City Hospital

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

Do not use this space.

30217

File No.

Registered No. 9885

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital St. Ward)

6610

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME William Kemp Harvey

(a) Residence, No. Ivy House - 6th & Market St. Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. 25 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): separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma A. Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30 - 1871

7. AGE: YEARS 60 | MONTHS 3 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Laborer~~ Attorney

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): ~~St Louis~~ ~~Mo~~, Aurora, Illinois

FATHER

13. NAME: Perry Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Maine~~ Hampton, Illinois

MOTHER

15. MAIDEN NAME: Frances Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Wisconsin~~ Milwaukee

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington 11 DATE 9-3 1931

19. UNDERTAKER (ADDRESS): Walter Richter 3540 Rutgers

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Chronic myocarditis

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110B 93C

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pleurisy with effusion

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical X-ray Was there an autopsy? No

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Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Macnick, M. D.

(Address) City Hospital

Items #2, 5A, 8, 12, 14 & 16 corr. by aff. from Son - 7-21-75