

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

Insley.
Do not use this space.

852

1. PLACE OF DEATH

County *Henry* Registration District No. *347*
Township *Clinton* Primary Registration District No. *5788*
City *Clinton* (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence/No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Florence Harvey</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <i>75</i>	MONTHS <i>11</i>
	DAYS <i>2</i>	IF LESS than day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Dependant</i>	
	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) <i>Sageville, Kentucky</i>		
MOTHER / FATHER	13. NAME <i>William Henry Harvey</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>	
	15. MAIDEN NAME <i>Debie Jackson</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>	
17. INFORMANT <i>Madge J. Dice</i> (ADDRESS) <i>Warsaw, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sumner</i> DATE <i>1-13-32</i>		
19. UNDERTAKER (ADDRESS) <i>H. H. Sims</i> <i>Clinton</i>		
20. FILED <i>1/13</i> 19 <i>32</i> <i>E. C. Peeler, M.D.</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 11, 1932*

2. I HEREBY CERTIFY that I attended deceased from *Nov 22, 1931* to *Jan 11, 1932*
I last saw him alive on *Jan 1, 1932* Death is said to have occurred on the date stated above, at *8:30 p.m.*
The principal cause of death and related causes of importance were as follows:
Chronic Intestinal Infestation Date of onset *131*

Other contributory causes of importance: *131*

Name of operation _____ Date of _____
What test confirmed diagnosis? *check* 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 *1*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *W. H. Insley*, M. D.
(Address) *Clinton, Mo*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state NAME OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1932 6-1932

State of
Ohio

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1891

1891

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City (No. St. Ward)

File No.

Registered No. 1

2. FULL NAME

Montgomery J. Harvey
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886-2-9

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 2

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1/13 19 32 E. C. Peeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

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?

If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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