

DEC 23 1937

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

42022

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 622
 (b) Township Hughes Primary Registration District No. 4373 Registered No. 8
 (c) City Graham (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eva Florence Harmon

(a) Residence, No. Graham, Nodaway Co. Mo. St. (Usual place of abode, if no street address, write county or city) (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 OF (OR) WIFE OF Clark Dale Harmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 45 2 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as 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) Near Graham Mo
 (STATE OR COUNTRY)

FATHER 13. NAME Carl Bleich
 14. BIRTHPLACE (CITY OR TOWN) Berlin Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise Priebe
 16. BIRTHPLACE (CITY OR TOWN) Berlin Germany
 (STATE OR COUNTRY)

17. INFORMANT Mary Inez Bleich
 (ADDRESS) GRAHAM MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Graham DATE Dec. 4 1937

19. FUNERAL DIRECTOR J. F. Terhune
 (ADDRESS) Savannah Mo

20. FILED Dec 13, 1937 Mrs. Ed Bleich
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, to Dec 2 1937
 I last saw her alive on Dec 2 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? Microscopy 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) E. L. Morgan, M. D.
 (Address) Graham Mo

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune, Licensed Embalmer No. 1279
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Fred Turhune
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. Fred Turhune
Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)