

SEP 26 1927

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

Do not use this space.

23537

1. PLACE OF DEATH

County Darry  
Township Flaterak  
City Cassville (No. ....)

Registration District No. 29  
Primary Registration District No. 4021

File No. ....  
Registered No. 43  
St. .... Ward

2. FULL NAME Merle Harmon

(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 Male 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 Virginia Harmon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-22-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 9 5

8. OCCUPATION OF DECEASED Stock Clerk  
(a) Trade, profession, or particular kind of work Ford Motor Co.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Monett  
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER George Harmon

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

12. MAIDEN NAME OF MOTHER Leola Vandacker

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

14. INFORMANT Virginia Harmon  
(Address) Thomas City Mo

15. FILED Sept 19 27 Mrs. R. Williams  
REGISTRAR Ppt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1927

17. I HEREBY CERTIFY, That I attended deceased from viewed the Body of the Deceased, 19...  
that I last saw h. .... alive on ..... 19... and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide, self inflicted gunshot wound in forehead  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 170  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Cornio's - Inquest

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Nisley Justice of the Peace, M. D.  
19... (Address) Cassville Mo

\*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 Maple Wood (Ceter) DATE OF BURIAL 8-28 1927

20. UNDERTAKER Corinn Funeral Service ADDRESS Cassville Mo

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.

CC Chandler

Dr. Fairfield

Bon Marley

Raymond George

John Ray