

JUN 24 1930

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

Do not use this space.

75-A

1. PLACE OF DEATH

County Barry
Township Butterfield
City (No.) (Ward)

Registration District No. 21
Primary Registration District No. 6240

File No.
Registered No. 18
St. Ward

2. FULL NAME

Margaret Louisa Harvey

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE w- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

17. HEREBY CERTIFY, That I attended deceased from Jan 6th 1930 to Jan 11th 1930 that I last saw h.l.m. alive on Jan 7, 1930, and that death occurred, on the date stated above, at 9:1 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 9 7

Organic Heart Disease of Mitral Valve
93-F

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

(duration) Don't know yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

CONTRIBUTORY (SECONDARY) Don't know (duration) yrs. mos. da.

10. NAME OF FATHER Thorn

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

12. MAIDEN NAME OF MOTHER not known

WAS THERE AN AUTOPSY? no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. B. Keely, M. D. , 1930 (Address) Purdy Mo

14. INFORMANT Earl Harvey (Address) Butterfield

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Church DATE OF BURIAL 8-13-1930

15. FILED 6-10 1930 Matthie Blankenship REGISTRAR

20. UNDERTAKER Blankenship ADDRESS Purdy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

