

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

Do not use this space.

**1. PLACE OF DEATH**

County Cole  
Township  
City Center town (No. .... St. .... Ward)

Registration District No. 211  
Primary Registration District No. 4128

File No. 24560  
Registered No. 16

**2. FULL NAME**

Francis Marion Harmon

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Harmon-1858

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 8 12

**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) Farmer  
(c) Name of employer

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

Ill

10. NAME OF FATHER G.W. Harmon

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

12. MAIDEN NAME OF MOTHER Martha Thornton

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

14. INFORMANT Clara Harmon  
(Address) Center town Mo

15. FILED 7-22 1931 Sra. P. Hutson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1931  
17. 2

I HEREBY CERTIFY, That I attended deceased from ..... never ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 2:10 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio Sclerosis  
He was Dead when I first  
seen him  
798 (duration) ? yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Coronary Embolism  
(duration) .... yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hestary  
(Signed) Edgar A. Tibbs, M. D.

7/22 1931 (Address) California

\*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 Center town Cemetery DATE OF BURIAL July 22 1931

20. UNDERTAKER Hillman & Friedmeyer ADDRESS California

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

AGE 25 1931

PARENTS

Signed by order E. E. Mearns Coroner Cole County

