WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JAN 26 1934

68

1. PLACE OF DEATH
County Moniteau — Registration District No. 571 — File No. 40782
Township Walker — Primary Registration District No. 4335 — Registered No.
City California (No. St. Ward)

2. FULL NAME William Powell 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: W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 – 1840

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
93	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk
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) Moniteau Co

FATHER
13. NAME Lindsay Harmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Lina Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Mrs Ora Atkinson
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 12/19 1933

19. UNDERTAKER Williams & Friedmeyer
(ADDRESS) California, Mo

20. FILED 12–18 1933 H. R. Popejoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 – 18 – 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 – 17 – 1933, to 12 – 18 – 1933

I last saw h— alive on 12 – 17 – 1933 Death is said to have occurred on the date stated above, at 12 P. m.

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

Arteriosclerosis

Other contributory causes of importance:

97

97

Name of operation none Date of

What test confirmed diagnosis? Physical 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) H. R. Popejoy, M. D.
(Address) California mo