

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.

JUN 26 1930

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

Do not use this space.

16799

1. PLACE OF DEATH

County Moniteau

Registration District No. 571

Township Walker

Primary Registration District No. 4335

City California (No.)

File No.

Registered No. 31

St. Ward)

2. FULL NAME

Alexander Munson Harvey

(a) Residence. No. 809 Oak St. 1st 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

Man

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

Husband of Ella Harvey

6. DATE OF BIRTH (MONTH/DAY AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

68

5

18

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

9. BIRTHPLACE (CITY OR TOWN)

California, 1855

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

A. M. A. Harvey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Mary Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

W. W. Harvey

(Address)

California, Mo.

15.

FILED

May 29 30 J. W. Roth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on May 27, 1930, and that death occurred, on the date stated above, at May 28 1930 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

L. M. Gray

M. D.

5-29, 1930 (Address) California 240

*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

DATE OF BURIAL

Masson Cemetery

5-30 1930

20. UNDERTAKER

ADDRESS

Barne Dawson Jefferson City

DAWSON & TANNER - JEFFERSON CITY MO.