

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

Do not use this space.

38358

1. PLACE OF DEATH

County Monticello  
Township Walker  
City California

Registration District No. 521  
Primary Registration District No. 4335

File No. ....  
Registered No. 56  
St. .... Ward

2. FULL NAME

Harner Harrison Pace

(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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
39 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23 Laborer  
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) Monticello Co

13. NAME Benjamin Griffin Pace  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calo Co

15. MAIDEN NAME Low Flipping  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Co

17. INFORMANT Low Pace  
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Church DATE 11/28/31

19. UNDERTAKER William F. Friedmayer  
(ADDRESS) California Mo

20. FILED 11-27-1931 Gas W. Roth  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931, to Nov 27, 1931.

I last saw him alive on Oct 23, 1931. Death is said to have occurred on the date stated above, at 7 A. m.

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

Bilateral Pulmonary Tuberculosis -  
(at one time a patient at Mt. Vernon).  
Date of onset

Other contributory causes of importance:

Name of operation none Date of  
What test confirmed diagnosis? Clinical. 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?

If so, specify. Edgar A. Tittle, M. D.  
(Signed) California  
(Address)

