## WISCONSIN STATE BOARD OF HEALTH ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545 Volume 110 (53376-53950) 1967-68, State Death No. 53617

## JOHN B. HARKER

**TRANSCRIBED** 

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1. Place of Death: a) County: Rock
                                        b) City, Town, Location: Milton
    c) Is Place of Death Inside City or Town Limits? Yes
    d) Hospital or Institution: 271 Whitewater St.
                                                        e) Length of Stay: 50 Years
2. Usual Residence: a) State: Wisc.
                                                b) County: Rock
                                                d) Inside City or Town Limits? Yes
   c) City, Town, Location: Milton
                                                f) Is Residence a Farm? No
   e) Street Address: 271 Whitewater St.
3. Name of Deceased: John B. Harker
4. Date of Death: Dec. 6, 1967
5. Sex: Male
6. Color or Race: White
7. Single, Married, Widowed, Divorced: Married
8. Date of Birth: June 4, 1883
9. Age: a) Years: <u>84</u> b) Months: <u>6</u>
                                        c) Days: <u>1</u>
10. a) Usual Occupation: Retired-Lineman
                                                b) Kind of Business: AT&T Co.
11. Birthplace: Nebraska
12. Citizen of What Country: USA
13. Father's Name: George Harker
14. Mother-Maiden Name: Celia Burton
15. Was deceased ever in United States Armed Forces? No
16. Social Security Number: 468-07-8928
17. Informant-Name: Thomas E. Harker
                                                Relationship: Son
    a) Name of Wife, if Alive: Ella Harker
                                                        b) Age of Wife: 82
18. Part I: Death Was Caused By:
    a) Immediate Cause of Death: Gartic (sp?) -Intestinal Bleeding—Dehydration;
        Interval Between Onset and Death: 1 Week
    b) Due to or as a Consequence of: Abdominal Tumor;
        Interval Between Onset and Death: Unknown
    Part II: Other Significant Conditions: Arterioslerosis, Generalized; Senility
19. ____
20. -----
21. I attended the deceased from Nov. 30, 1965 to Dec. 6, 1967 and last saw him alive on Nov. 29, 1967.
    Death occurred at 3:30 p.m. on the date stated above and to the best of my knowledge, from the causes
    stated.
22. a) Certifier Name: H. L. Burdick, M.D. b) Mailing Address: Milton, Wis. c) Date Signed: 13 Dec. 1967
23. a) Burial, Cremation, Removal: Burial b) Burial Date: Dec. 8, 1967
    c) Cemetery or Crematory: Milton Cemetery
                                                 d) Location: Milton, Wisc.
24. Name of Funeral Home and Address: Albrecht Funeral Home, Milton Jct.
    Date Received by Local Registrar: Dec. 15, 1967
                                                        Local Registrar: Emmett W. Murphy
25. Funeral Director's Signature: Gahut (sp?) J. Albrecht
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