

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

Do not use this space.

File No. 1337387
Registered No. 78
St. _____ Ward _____

1928

1. PLACE OF DEATH
County Laclede Registration District No. 450
Township Greengate Primary Registration District No. 5615
City Sleeper (No. _____) St. _____ Ward _____

2. FULL NAME Bobbie Buster Harrison
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1928
17. I HEREBY CERTIFY That I attended deceased from Oct 30, 1928, to Nov 10, 1928, that I last saw him alive on Oct 5, 1928, and that death occurred, on the date stated above, at _____ 5 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30-1928
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Born prematurely
16/0
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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) W. E. Hartman, M. D.
12/10, 1928 (Address) Stoutland Mo.

9. BIRTHPLACE (CITY OR TOWN) Sleeper
(STATE OR COUNTRY) Laclede Co Mo
10. NAME OF FATHER Ralph Harrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Laclede Co Mo
12. MAIDEN NAME OF MOTHER Gladys Jane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Cameron Co Mo

14. INFORMANT Ralph Harrison
(Address) Sleeper Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hotel Green Co DATE OF BURIAL Nov 11 1928
20. UNDERTAKER Holman & Stewart ADDRESS Libanon Mo

15. FILED 12/10 28 REGISTRAR H. H. Atkins

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.

