

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

Do not use this space.

39837-a

**1. PLACE OF DEATH**

County Cedar Registration District No. 165-  
Township ..... Primary Registration District No. 40.97  
City Stockton (No. ....) St. .... Ward)

File No. ....  
Registered No. 21  
St. .... Ward)

**2. FULL NAME**

George Sidney 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**

3. SEX Male 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 Senia Garrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 6 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Hemlockville  
(STATE OR COUNTRY) Mo Cedar

10. NAME OF FATHER Samuel Garrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Collins  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Margaret Garrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Collins  
(STATE OR COUNTRY) .....

14. INFORMANT J E Garrison  
(Address) Stockton Mo

15. FILED Feb. 29 1928 E S Smith REGISTRAR  
Mary Bayless

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-10-28 to 12-14-28, 1928, that I last saw him alive on 12-12, 1928, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage.

82 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) THAT (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J B Stewart, M. D.  
, 19 (Address) Stockton Mo

\*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 Alder Cemetery DATE OF BURIAL Dec 15 1928

20. UNDERTAKER Davis & Co ADDRESS Stockton Mo

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.

