

OCT 21 1936

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

Do not use this space.

36421

1. PLACE OF DEATH

County Stoddard Registration District No. 837
Township Castor Primary Registration District No. 6099
City Blountsville (No.) St. Ward

File No.
Registered No.

2. FULL NAME B. Thel H. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 8-26th, 1936 to 9-12th, 1936
I last saw h. alive on 9-1st, 1936 Death is said to have occurred on the date stated above, at 5:20 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1861

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 4

Cerebral Coma Date of onset 9-11-36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

Other contributory causes of importance
Acute Septicemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blountsville Mo.

FATHER 13. NAME Henry B. Bedford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

MOTHER 15. MAIDEN NAME Minerva E. Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

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.

17. INFORMANT B. C. Harrison
(ADDRESS) 620 E. 122 St. National City, Mo.

Manner of injury ✓
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19.....

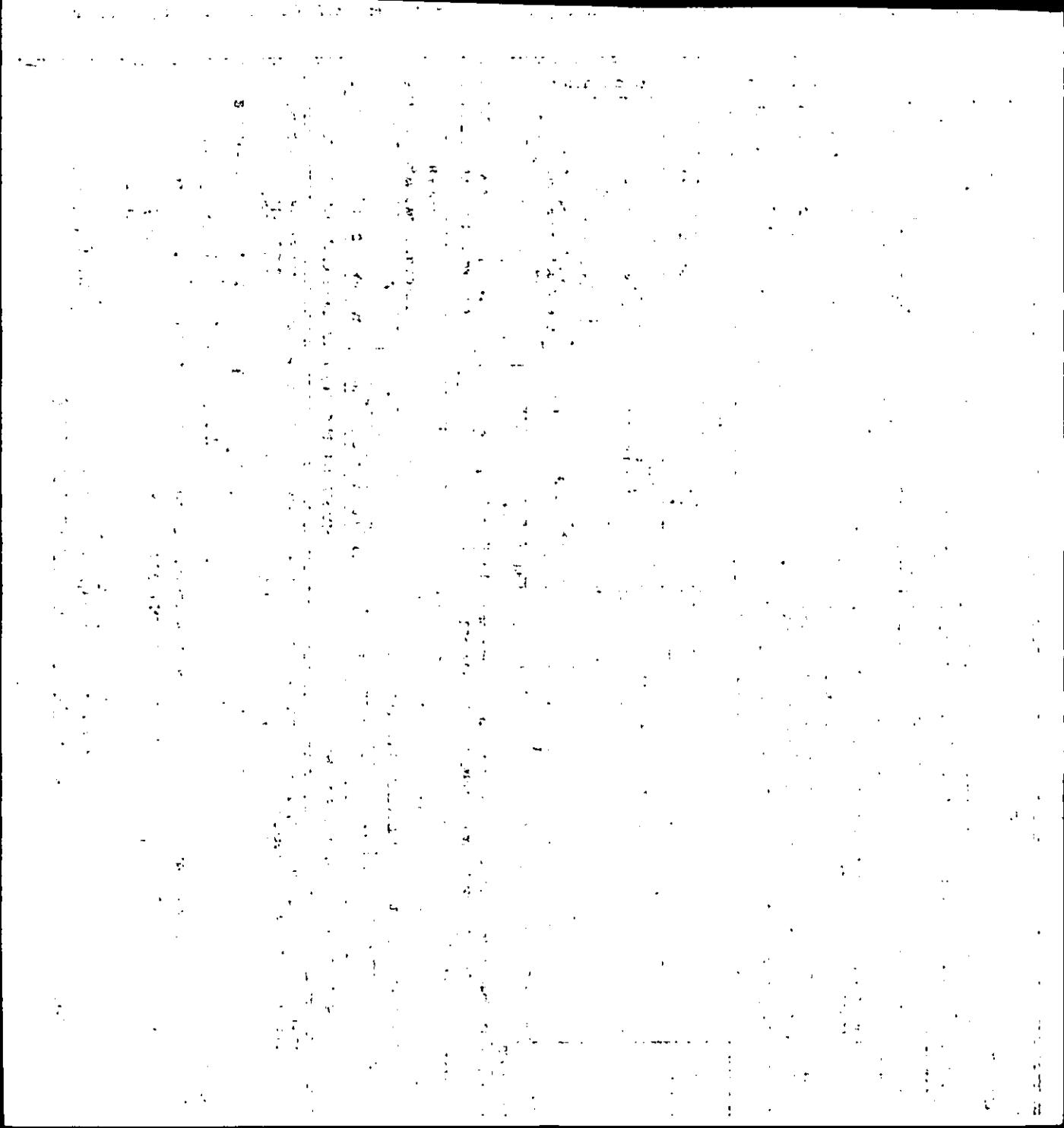
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

19. UNDERTAKER Chiles Undertaking Co.
(ADDRESS) Blountsville, Mo.

(Signed) B. C. Harrison, M. D.
(Address) Blountsville Mo.

20. FILED Oct 1, 1936 W. E. Edwards
Registrar.

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Caster
City _____ (No. _____)

Registration District No. 537
Primary Registration District No. 6099

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ethel L. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or _____
	<u>75</u>	<u>5</u>	<u>—</u>	<u>—</u>

Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____

If Total time (years) spent in this occupation _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

FATHER 13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT B. L. Harrison
(ADDRESS) 520 East 1st St. National City, Calif.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blossfield Mo. DATE 15. Sept 1936

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED Oct 1 1936 Dr. Edward Ford
Registrar

(Signed) _____, M. D.

(Address) _____

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