

## PLACE OF DEATH

County

Howard

Township

or

Village

or

City

Glasgow

Registration District No.

379

File No.

34500

Primary Registration District No.

4223

Registered No.

98

(NO.

St.

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

George B Harrison

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Married
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DATE OF BIRTH February 16, 1844 (Month) (Day) (Year)
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AGE 67 yrs. 7 mos. 19 ds.	IF LESS than 1 day, ___ hrs. or ___ min.?
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OCCUPATION  
(a) Trade, profession, or particular kind of work  
Banker

(b) General nature of industry, business, or establishment in which employed (or employer)  
4-13

BIRTHPLACE  
(City or town, State or foreign country)  
Howard Co Mo

NAME OF FATHER  
John Harrison

BIRTHPLACE OF FATHER  
(City or town, State or foreign country)  
Kentucky

MAIDEN NAME OF MOTHER  
Emelia Marr

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)  
Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Howard Co Mo

Filed

1076

1911

C. Bengele

REGISTRAR

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

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

October 5, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 9, 1911, to Oct. 5, 1911, that I last saw him alive on Oct 5, 1911, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH\* was as follows:

Paroxysmal Tachycardia  
95A

(Duration) yrs. mos. 26 ds.

Contributory

(SECONDARY) (Duration) yrs. mos. ds.

(Signed) C. Bengele M. D.  
1076 1911 (Address) Glasgow Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. in the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Glasgow

DATE OF BURIAL

Oct 8, 1911

UNDERTAKER

Myer Bengler

ADDRESS

Glasgow Mo

# United States Standard Certificate of Death

Prepared by U. S. Census and American Public Health  
Association

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question to each and every person, irrespective of the number of many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to show (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a)

(1) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (2) *Miner*, (b) *Automobile factory*. The material may form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. If at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *At home*. Care should be taken to return the actual occupations of persons engaged in the household for wages, as *Servant*, *Cook*, *Housewife*, etc. If the occupation has been changed or given up, state the date of the change. If the cause of death is accidental, state the nature of the accident. If retired from business, the fact may be indicated thus: *Farmer* (retired). For persons who have no occupation return *None*.

**Statement of cause of death.**—Name, first, the primary affection with reference to time and causation), using always the same term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever")); *Lobar pneumonia*; *Bronchopneumonia*; *Tuberculosis meningitis*, *peritonitis*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

