APR 27 1927

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

Do not use this space.

9571

File No. 31

Registered No.

1. PLACE OF DEATH

County: St Louis — Registration District No. 1160

Township: Central — Primary Registration District No. 4470

City: University City (No. 901 Westgate St. Ward)

2. FULL NAME: William F. Harrison

(a) Residence. No. 901 Westgate 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.

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.

THIS CERTIFICATE IS A PERMANENT RECORD

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: Loretta Harrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14th 1882

7. AGE: Years 44 | Months 7 | Days 14 | If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS

10. NAME OF FATHER: Edward B Harrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ark

12. MAIDEN NAME OF MOTHER: Blanche R Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Loretta Harrison
(Address): 901 Westgate

15. FILED 3-30 1927 William Burns, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 28 1927

17. I HEREBY CERTIFY, That I attended deceased from 3/26/27, 19..., to 3/28/27, 19..., that I last saw him alive on 3/26/27, 19..., and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia (Right)
105
10 Dd
(duration) yrs. mos. 12 ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) [illegible], M. D.

3/28, 1927 (Address) 810 Hamilton

*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: St Peters — DATE OF BURIAL: 3-31 1927

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Washington

870 Hamilton

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