WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 5 1928

78 —

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

Do not use this space.

33821

1. PLACE OF DEATH
County Jackson
Township Washington
City
Registration District No. 404
Primary Registration District No. 5558
(No. 9122 Oak St. St. Ward)
File No.
Registered No. 108

2. FULL NAME Robert K. Harrison
(a) Residence. No. 9122 Oak 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) Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14-1848

7. AGE 79 YEARS 78 MONTHS 11 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 1220 129
(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) Ky.

PARENTS
10. NAME OF FATHER Simpson Harrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT W. L. Harrison
(Address) 9122 Oak

15. FILED 11-15 1927 Fred R. Lindsey Sub. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Nov 13, 1927 that I last saw him alive on Nov 13, 1927, and that death occurred, on the date stated above, at 7:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
118 B.O.
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction
Cause unknown (duration) yrs. mos. 4 ds. ?

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. W. Fair, M. D
Nov 14 1927 (Address) 7308 Washington K.C. 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 Forest Hill
DATE OF BURIAL 11-15 1927

20. UNDERTAKER R. Lindsey & Sons
ADDRESS City