

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

Do not use this space
Dr. Harrison,
71
File No. _____
Registered No. 18
St. _____ Ward _____

FEB 18 1928

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Bathurst Primary Registration District No. 8002
City Mexico No. 5034

2. FULL NAME

Clyde Harrison

(a) Residence. No. _____, _____ St., _____ Ward. _____
(Usual place of abode) Mexico Mo., St. (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 10 - 1880</u>		
7. AGE	YEARS	MONTHS
	<u>48</u>	<u>x</u>
		DAYS
		<u>20</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21st, 1928
17. I HEREBY CERTIFY that I attended deceased from 1-21-28, 1928, to 1-28-28, 1928
that I last saw h. alive on 1-30-28, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforating gastric ulcer
1174 1/2 street near
Postoffice
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) gastric ulcer
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED H/O
IF NOT A PLACE OF DEATH H/O
DID AN OPERATION PRECEDE DEATH yes DATE OF 1-21-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) E. Harrison M. D.
(Address) Mexico Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico Mo.</u>
	10. NAME OF FATHER <u>John F. Harrison</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Co. Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Jennie R. Wright</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico Mo.</u>	

14. INFORMANT Herbert Harrison
(Address) Mexico Mo.

15. FILED Jan 31st 1928 Ina S. Milligan
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bever Dam Church DATE OF BURIAL Feb 1 - 1928

20. UNDERTAKER Mrs. Phyllis B. P. Mexico 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.

