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

Do not use this space.

File No. 18251

Registered No. 66

1. PLACE OF DEATH
County: St. Francois — Registration District No. 773
Township: St. Francois — Primary Registration District No. 6018A
City: Near Farmington (No. ..., ... St. ... Ward)

2. FULL NAME: Hattie Lee Harilson

(a) Residence. No. State Hospital No. 4 St. ... Ward. Portageville, Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	21	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Portageville, Mo
(STATE OR COUNTY) Missouri.

PARENTS
10. NAME OF FATHER Thomas Harilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Webster
(STATE OR COUNTY) Kentucky
12. MAIDEN NAME OF MOTHER Maud Edwards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Webster Co
(STATE OR COUNTY) Kentucky

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 5-7-28 B. C. Robinson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to May 2, 1928, that I last saw he alive on May 2, 1928, and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis, Chronic
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Infection of nasopharynx and nasal sinuses
(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? Autopsy + Clinical
(Signed) Ralph [illegible], M. D.
5-3, 1928 (Address) Farmington 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	DATE OF BURIAL
Hospital Cemetery	May 7 - 1928
20. UNDERTAKER	**ADDRESS**
Hospital No 4	Farmington

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.