

27 1928

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

Do not use this space.

22709

1. PLACE OF DEATH

County Saline  
Township Sumner Twp  
City Slater Mo (No. ....)

Registration District No. 799  
Primary Registration District No. 4474

File No. ....  
Registered No. 39  
St. .... Ward)

2. FULL NAME

Sillan Harrison

(a) Residence No. .... 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

Black

Single

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

—

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

Mar - 7 - 1906

7. AGE

YEARS MONTHS DAYS  
22 | 3 | 15  
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homekeeper  
(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)

near Slater mo.

10. NAME OF FATHER

Chas. Harrison

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

near Slater mo.

12. MAIDEN NAME OF MOTHER

Mary Smith

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

Slater mo

14.

INFORMANT J. Lee Harris  
(Address) Slater mo.

15.

FILED 6-23-28 W. M. Tuttle  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 22 1928

17.

I HEREBY CERTIFY that I attended deceased from June 22 1928 to June 24 1928 that I last saw him alive on June 22 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular disease of Heart

CONTRIBUTORY (SECONDARY)

92A  
POW

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

18 DID AN OPERATION PRECEDE DEATH. DATE OF

18 WAS THERE AN AUTOPSY?

18 WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Chas. W. Bluff M. D.  
Slater mo.  
, 19 (Address)

\*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

Slater cemetery

June 24 1928

20. UNDERTAKER

ADDRESS

John Salzer

Slater mo

K. E.—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.

