

OCT 30 1928

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

Do not use this space.

30929

## 1. PLACE OF DEATH

County ToledoRegistration District No. 1549

File No. ....

Township .....

Primary Registration District No. 1496Registered No. 1496City Lebanon (No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. John D. Harrison 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

## 2. SEX

M

## 4. COLOR OR RACE

W

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

Single

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

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

Not known

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.About 75

## 8. OCCUPATION OF DECEASED

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

Preacher

(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)

Lebanon Mo.

## 10. NAME OF FATHER

B. B. Harrison

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

U.S.

## 12. MAIDEN NAME OF MOTHER

Not known

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

" "

## 14.

INFORMANT (Address)

Mr. J. D. Duffinville  
Lebanon Mo.

## 15.

FILED

9/24 1928J. M. Bellamy

REGISTRAR

## 2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23 192817. I HEREBY CERTIFY. That I attended deceased from Sept 171928, to Sept 23 1928that I last saw h. alive on Sept 23 1928, and that death occurred, on the date stated above, at 7 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

38  
103  
Robert Pneumonia  
(duration) yrs. mos. 3 ds.

## CONTRIBUTORY (SECONDARY)

Malaria(duration) yrs. mos. 21 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

Arkansas (Malaria)DID AN OPERATION PRECEDE DEATH? no DATE OF .....WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Prussians(Signed) melanin mo, M. D., 19 (Address) uel

\*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

Lebanon Mo.9-24 1928

## 20. UNDERTAKER

Palmer

## ADDRESS

Lebanon

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.

