

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

Do not use this space.

4973

1. PLACE OF DEATH

County Scott
Township Chaffee
City Chaffee (No. 1)

Registration District No. 816
Primary Registration District No. 4492

File No. 138 One
Registered No. 138 One
St. 1 Ward

2. FULL NAME

George C. Harrell
(a) Residence. No. 2 1/2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 | 4 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Davis Co., Ind.

10. NAME OF FATHER

Jesse D. Harrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Charleston South Carolina

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT G. Harrell
(Address) Chaffee mo

15.

FILED Jan. 5 1929 G. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/4 1929

17. I HEREBY CERTIFY, That I attended deceased from Sep 10, 1926, to Jan 3rd, 1929, that I last saw him alive on Jan 3rd, 1929, and that death occurred, on the date stated above, at 3:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intermittent Hepatitis

81A
131 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Spastic Paralysis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 130A
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. T. Jordan, M. D.
1/4, 1929 (Address) Chaffee 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
Brownwood Cem. Mo. 1/5 1929

20. UNDERTAKER ADDRESS
L. C. Bisplinghoff Chaffee Mo

WRITE PLAINLY, WITH OUPRADING INFORMATION. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FILED 1929
100
434

1
2
2
31

H. L. Cordrey