

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

Do not use this space.

Harrison 7233
File No. _____
Registered No. *4/24*
St. _____ Ward _____

1. PLACE OF DEATH

County *Marion* Registration District No. *547*
Township *Maxon* Primary Registration District No. *3079*
City *Hannibal* No. *3021 Market*

2. FULL NAME

Lillie Louise Harrison

(a) Residence. No. *3021 Market* St. *5th* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>June 26-1912</i>		
7. AGE <i>16</i>	YEARS <i>7</i>	MONTHS <i>9</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>School Girl</i> (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) *Feb. 5* 19 *29*

17. I HEREBY CERTIFY, That I attended deceased from *Nov* 19 *28*, to *Feb 5* 19 *29*
that I last saw *h.m.* alive on *Feb 5* 19 *29*, and that death occurred, on the date stated above, at *9 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(duration) *1* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Influenza*
(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? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *General symptoms*
(Signed) *A. L. Shanks*, M. D.

, 19 (Address) *Hannibal 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.

PARENTS

9. BIRTHPLACE (CITY OR TOWN) <i>Hannibal</i> (STATE OR COUNTRY) <i>Missouri</i>
10. NAME OF FATHER <i>Thos. Harrison</i>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Hannibal</i> (STATE OR COUNTRY) <i>Missouri</i>
12. MAIDEN NAME OF MOTHER <i>Carrie Turgate</i>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Adams Co.</i> (STATE OR COUNTRY) <i>Illinois</i>

14. INFORMANT *Mr. Thos. Harrison*
(Address) *3021 Market Hannibal Mo*

15. FILED *7/19* 19 *29* *Ob Stode*
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Mt. Olivet DATE OF BURIAL *Feb. 7* 19 *29*

20. UNDERTAKER
Mrs M. Smith ADDRESS *Hannibal Mo.*

K. 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.

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