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

Do not use this space. 13755

1929

1. PLACE OF DEATH

County: Auchsain — Registration District No.: 26 — File No.:

Township: Saltmarsh — Primary Registration District No.: 3002 — Registered No.: 55

City: Mexico (No. 1040 6 West St. St. 3 Ward)

2. FULL NAME: Margret Maine Harrison

(a) Residence. No. 1040 6 West one 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	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William B. Harrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3. 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Ukolino
(STATE OR COUNTRY): MO

PARENTS

10. NAME OF FATHER: Edgar McFachin

11. BIRTHPLACE OF FATHER (CITY OR TOWN): andrain
(STATE OR COUNTRY): Loo MO

12. MAIDEN NAME OF MOTHER: Mary Brown

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

14. INFORMANT: Wm B Harrison
(Address): Mexico MO

15. April 17th 1929 Ira D. Milligan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-17-1929

17. I HEREBY CERTIFY, That I attended deceased from 6-20-28, 19..., to 4-17-29, 19..., that I last saw h. alive on 4-15-, 19 29 and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hodgkin's disease

Empyema (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Mexico

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF:

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Harrison, M. D.

, 19 (Address) Mexico 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: Mexico Mo Cem. — DATE OF BURIAL: 4-18 1929

20. UNDERTAKER: H. L. Preetzelm — ADDRESS: Mexico MO