MAY 27 1929

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

Do not use this space.

15183

1. PLACE OF DEATH

County: LACLEDE — Registration District No.: 277

Township: SMITH — Primary Registration District No.: 3611

File No.:

Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: ALLICE 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: F

4. COLOR OR RACE: W

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. T. HARRISON

6. DATE OF BIRTH (MONTH, DAY AND YEAR): MAY - 4. 1872

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
56	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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): MO

PARENTS

10. NAME OF FATHER: LEE JOHNSON

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

12. MAIDEN NAME OF MOTHER: PAYNE

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

14. INFORMANT: C. A. HARRISON
(Address): 31 S. NORVILLE AVE TULSA OKLA

15. FILED: May 27 1929 — C. E. Carlton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): APR 25 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1929, to Apr 25 1929, that I last saw her alive on Apr 21 1929, and that death occurred, on the date stated above, at 8.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of the liver

Due to

(duration) ..... yrs. 2 or 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Tulsa Okla

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X ray & Microscopic

(Signed) Frank M. Stephens M.D

(Address) Tulsa Okla

, 19 .....

*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: HAZEL GREEN MO

DATE OF BURIAL: 4-26 1929

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.

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