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

Do not use this space.

41796

1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township Union — Primary Registration District No. 5971 — Registered No. 242

City ~~Union~~ (No. ..... St. ..... Ward)

2. FULL NAME Mary Catherine 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	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 J. M. Harrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16th 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	4	18	

8. OCCUPATION OF DECEASED

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

(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 Thomas Furnish

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Kate Sharp

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

14. INFORMANT J. M. Harrison
(Address) R.F.D. Moberly

15. FILED 12/18 1929 Dr Thos S Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1927, to Dec 4th, 1929 that I last saw her alive on Dec 4, 1929, and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorage of brain

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

CONTRIBUTORY (SECONDARY) High blood pressure

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

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M. A. Lensley, M. D.

12-6th, 1929 (Address) Moberly, 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
Antiock. (near Moberly)	12-6th 1929
20. UNDERTAKER	ADDRESS
Mahan and Son	Moberly Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

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.