

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.

DEC 22 1930

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

Do not use this space.

36799

1. PLACE OF DEATH

County.....Marion..... Registration District No. 3-48
Township.....Liberty..... Primary Registration District No. 1132 B
City.....County Infirmary..... No. 5740

File No.
Registered No. 57
St. Ward)

2. FULL NAME

Bina Lee Harrison

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Harrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	9	30	

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

9. BIRTHPLACE (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jacob Witt

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

12. MAIDEN NAME OF MOTHER Elizabeth Whoberry

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

14. INFORMANT Lethco Harrison
(Address) Taylor, Mo.

15. FILE NO. 200 5-1930 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930, to Nov 5, 1930, that I last saw her alive on Nov. 1st, 1930, and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
8 1/2 (duration) Several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. C. O'Neal, M. D.

11/5/1930 (Address) Palmyra 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
<u>Palmyra, Cemetery</u>	<u>11/6/ 1930</u>

20. UNDERTAKER	ADDRESS
<u>Lewis Bliss</u>	<u>Palmyra, Mo.</u>

