

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

Do not use this space.

25208

1. PLACE OF DEATH

County Jackson
Township State
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 5210
St. _____ Ward _____

2. FULL NAME

Lola Mae Harrison

(a) Residence, No. 2224 Poplar St. 13 Ward.

Length of residence in city or town where death occurred 12 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF <u>Saul R. Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 8, 1899</u>		
7. AGE	YEARS	MONTHS
	<u>31</u>	<u>7</u>
		DAYS
		<u>17</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Mo.</u>		
FATHER	13. NAME <u>James Hackett Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Haverilla, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Emma Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown, Texas</u>	
17. INFORMANT (ADDRESS) <u>Samuel J. Harrison, 2224 Poplar, Kansas City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mound Grove, Ind. Tp., Mo.</u> DATE <u>July 27, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Cassand Undertaking Co, Independence, Mo.</u>		
20. FILED <u>7-26-31</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1931

2. I HEREBY CERTIFY, That I attended deceased from Jan 1928 to July 25, 1931
I last saw her alive on July 9, 1931 Death is said to have occurred on the date stated above, at 8:35 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1-1-28

Other contributory causes of importance:
23A

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) George C. DeL... M. D.
(Address) 1002 Angyle Bldg, Kansas City, Missouri

WRITE CAREFULLY, 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.

