

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

Do not use this space.

25636

1. PLACE OF DEATH

County Marion Registration District No. 547
Township V Primary Registration District No. 3079
City Hannibal (No. 3021 W Market

File No. _____
Registered No. 298
St. 5th Ward

2. FULL NAME Carrie Belle Harrison

(a) Residence, No. 3021 W Market 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>65</u>	<u>6</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Plainsville
(STATE OR COUNTRY) Illinois

13. NAME Ambrose Tongate

14. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Frances E. Wheeler

16. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Kentucky

17. INFORMANT Thomas Harrison (Husband)
(ADDRESS) 3021 W Market Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE July 23, 1931

19. UNDERTAKER Wm M Smith
(ADDRESS) Hannibal, Missouri

20. FILED July 25, 1931 Ed Doucous
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1929, to July 21, 1931

I last saw h. or alive on July 21, 1931 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis Date of onset 23A

Other contributory causes of importance: 23

Name of operation _____ Date of _____

What test confirmed diagnosis? Tub. smears Was there an autopsy? no

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) A. L. Phuels, M. D.

(Address) Hannibal, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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