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

Do not use this space.

41401

1. PLACE OF DEATH
County Lafayette
Township Davis
City Higginsville (No. ..... St. ..... Ward)

Registration District No. 460
Primary Registration District No. 4274

File No. .....
Registered No. 82

2. FULL NAME Hiram Newton 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	9	1	

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

9. BIRTHPLACE (CITY OR TOWN) Lafayette Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thornton T. Harrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mississippi
12. MAIDEN NAME OF MOTHER Salina Marshall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Johnson Co. Missouri

14. INFORMANT Mary Harrison
(Address) Higginsville, Mo.

15. FILED 12/10, 1931. Dessie Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Dec. 8, 1931 that I last saw him alive on Dec. 8, 1931 and that death occurred, on the date stated above, at 6:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sudden collapse of Heart
95B
MD
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hyperstatic Pneumonia
(duration) ..... yrs. ..... mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH? No DATE OF ------
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) D W A Brocklin, M. D.
12-9-, 1931 (Address) Higginsville, 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
Silent Hill Cemetery	12-10-1931

20. UNDERTAKER	ADDRESS
Hoefer & Meinershagen Hoefer & Meinershagen	H-ville, Mo.

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.