

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

Do not use this space.

16408

1. PLACE OF DEATH

County Jackson Registration District No. 380
 Township New Primary Registration District No. 2200
 City Kansas City (No. General Hospital # 2) Registered No. 2206
 St. _____ Ward _____

2. FULL NAME

Best Harrison
 (a) Residence, No. 1605 Midland Court Ward _____ (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24, 1891</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>9</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common Labor</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>Junction City, Kans.</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Ida Edmore Harrison 1605 Midland Court</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Lawn</u> DATE <u>June 3</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Adkins Bros 2000 E. 12th St</u>		
20. FILED <u>6/2</u> , 19 <u>32</u> M. M. <u>Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-32

22. I HEREBY CERTIFY, That I attended deceased from _____ 1932 to _____ 1932
 I last saw h. Dr. C. C. ... Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Accidental - Oxalic acid (a poison)
 Date of onset _____
 Other contributory causes of importance:
177 179X 8 9 170 40
 Name of operation Removal of Vein Date of _____
 What test confirmed diagnosis Sample of ... Was there an autopsy Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 5/24/32
 Where did injury occur? 1605 Midland Court
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Poisoned
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Dr. C. C. ..., M. D.
 (Address) Removal of Vein

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.

