WHITE PENNEY, 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.

SEP 24 1932

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

Do not use this space.

1. PLACE OF DEATH

59 County Livingston — Registration District No. 508 — File No. 26690

Township — Primary Registration District No. 3026 — Registered No. 95

1 City Chillicothe (No. ..... St. ..... Ward)

7 2. FULL NAME Charles F. Harrison

(a) Residence, No. 639 Commercial St., 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-25-25

7. AGE: YEARS 6 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 2125

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 2125

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

FATHER

13. NAME Roy Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

17. INFORMANT (ADDRESS) Roy Harrison Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE Aug-16 1932

19. UNDERTAKER (ADDRESS) Jas D Gordon Chillicothe Mo

20. FILED Aug. 15, 1932 R. Barney Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 — 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 — 1932, to Aug 15 — 1932

I last saw him alive on Aug. 14 — 1932 Death is said to have occurred on the date stated above, at 4:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of right arm extending to the body caused by compound fracture of right radius and ulna.	
	18

Other contributory causes of importance:
I think no doubt but what the Welch Bacillus contributed to the gangrene

Name of operation (1) Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug. 7, 1932

Where did injury occur? Skelbina Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home of his grandfather

Manner of injury Fell from a pony.

Nature of injury Compound fracture radius & ulna

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H M Grace, M. D.

(Address) Chillicothe — Mo