

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

Do not use this space.

31528
31523

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(Not Missouri Meth Hospt.)

File No.

Registered No. 1028

St. _____ Ward _____

2. FULL NAME Fred Harrison

(a) Residence, No. Ridgeway Mo. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nell Harrison		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown About 1878		
7. AGE YEARS 54	MONTHS Unknown	DAYS Unknown
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		11. Total time (years) spent in this occupation 1 2/3
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Oscar Woods (ADDRESS) Princeton Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cairsville Mo. DATE Oct. 28, 1932		
19. UNDERTAKER Joseph D. Clark (ADDRESS) 5025 King Hill Av.		
20. FILED John R. Bender 19 31 REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 25, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 24, 1932** to **Oct 25, 1932**.
I last saw him alive on **Oct 23, 1932** Death is said to have occurred on the date stated above, at **7:30 P.M.**
The principal cause of death and related causes of importance were as follows:
Fracture of skull & Laceration of Brain
Accidental injury while cutting wood with a power saw.
Other contributory causes of importance: **saw broke off of shaft.**

Name of operation **Decompression** Date of **Oct 25, 1932**
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? **Accidental** Date of injury **10/24/32**
Where did injury occur? **Cairsville Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Industry**
Manner of injury **blow on head by saw**
Nature of injury **fracture of skull**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **W. J. Fitzgerald**, M. D.
(Address) **St. Joseph Mo.**

WRITE PLAINLY, 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.

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OCT 26 1932

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