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

Do not use this space.
34653

1. PLACE OF DEATH

County: Ozarks — Registration District No.: 26 — File No.:
Township: Sutliver — Primary Registration District No.: 3002 — Registered No.: 126
City: Mexico (No. 409 W Pearson St. Ward)

4 4 7 1933

2. FULL NAME: Judith Carol 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 8 - 1932

7. AGE: Years — Months — Days — If LESS than 1 day, 10 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Mexico
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: G Frank Harrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Audrain Co Mo
12. MAIDEN NAME OF MOTHER: Mary L Allison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Audrain Co Mo

14. INFORMANT: G Frank Harrison
(Address): Mexico Mo

15. Filed: Nov 9 - 1932 Fra S Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-8- 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-8- 1932 to 11-8- 1932 that I last saw him alive on 11-8- 1932 and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
1 hr 15 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 7 mont gestation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J F Hanson M. D
, 19 (Address) Mexico 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: Beaver Dam Cem — DATE OF BURIAL: 11-9- 1932
20. UNDERTAKER: H A Recht & Son — ADDRESS: Mexico 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.