

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

Do not use this space.

34900

1. PLACE OF DEATH

County Butler Registration District No. 89

Township _____ Primary Registration District No. 3067

City Poplar Bluff (No. 912, Grand _____ St. _____ Ward) _____

2. FULL NAME Sam W. Harrison

(a) Residence, No. 912 Grand St., 5 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF: Jennie Harrison (OR) WIFE OF: _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5-1871

7. AGE YEARS 61 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) 10-3-32 11. Total time (years) spent in this occupation 25yr

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

13. NAME Ben. F. Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

15. MAIDEN NAME Little Sawyer

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

17. INFORMANT (ADDRESS) Jennie Harrison Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 11/6 1932

19. UNDERTAKER (ADDRESS) Beverly Funeral Home Poplar Bluff Mo

20. FILED Nov 14 1932 W. J. Clary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2-1932 to 11-4-1932. (last saw him alive on 11-4-32, 19____. Death is said to have occurred on the date stated above, at 11:40 P.M. The principal cause of death and related causes of importance were as follows:

Cardiac Renal vessels disease
131 131

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? (D) Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.
(Address) Poplar Bluff 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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1
1932

