

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

Do not use this space.

40789

1. PLACE OF DEATH

County New Madrid Registration District No. 55
Township Anderson Primary Registration District No. 4033
City Sidman (No. _____) St. _____ Ward _____

File No. 10
Registered No. 1013

2. FULL NAME

Rula Harrison
(a) Residence, No. _____ St. _____ Ward _____
(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 Female 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 3 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. defect
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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME August Harrison

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

15. MAIDEN NAME Nemie Wellman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Mo

17. INFORMANT (ADDRESS) Edd Wellman Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McWilliam DATE Dec 18 1932

19. UNDERTAKER (ADDRESS) Geo. Cluck Sidman Mo

20. FILED Jan 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932 to Dec 17 1932

I last saw her alive on Dec 16 1932 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:

Bronchopneumonia Date of onset 10/19
10/19
Other contributory causes of importance:

(Name of operation) none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
Accident, suicide, or homicide? no Date of injury was

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

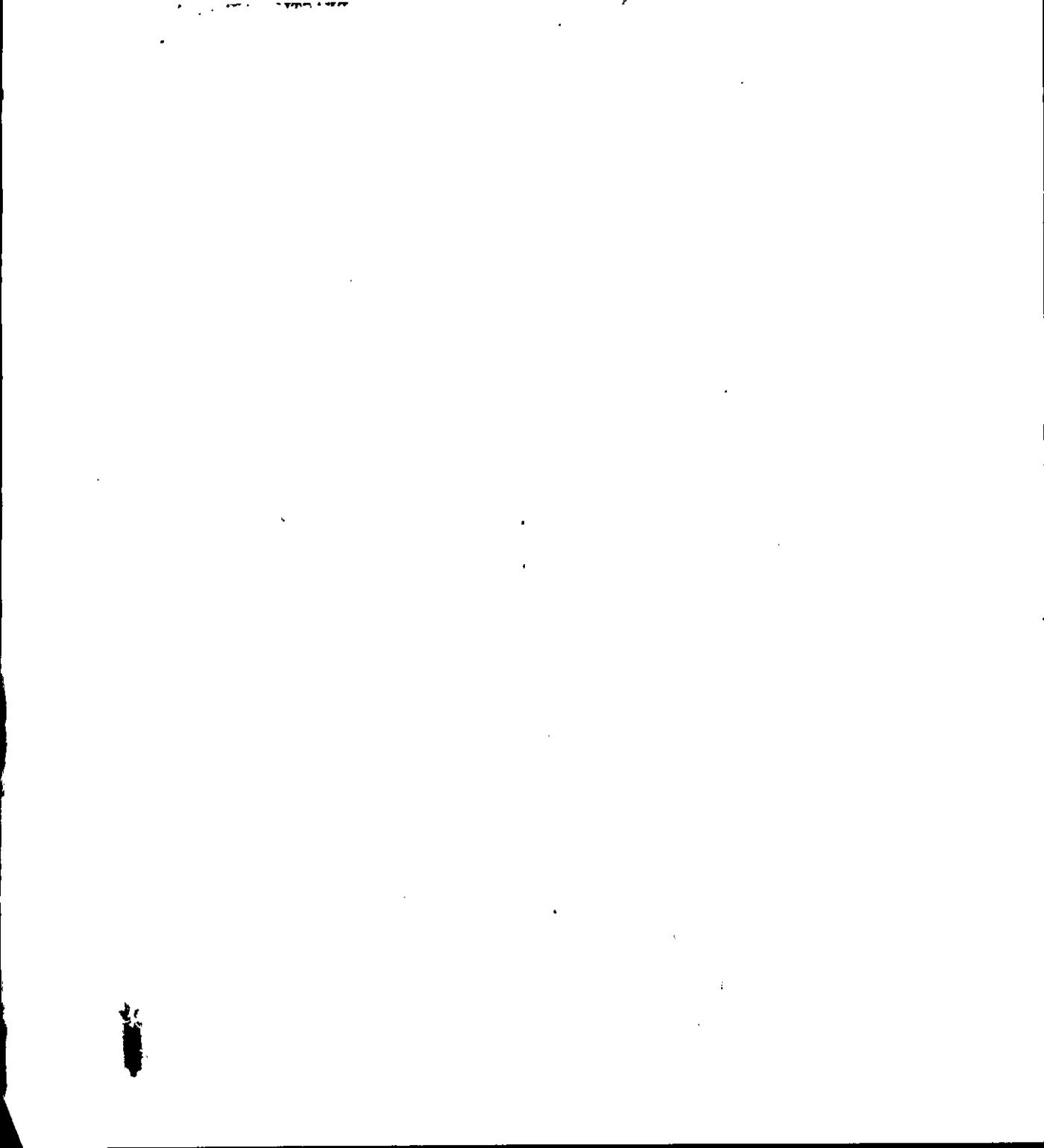
Manner of injury none
Nature of injury none

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

(Signed) R. B. Bess M. D.
(Address) Anderson 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.

27-1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County New Madrid Registration District No. 535 File No. 10
 Township _____ Primary Registration District No. 4033 Registered No. 1013
 City Ludon (No. _____) St. _____ Ward _____

2. FULL NAME Lula 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan 10 1933 M. W. Murrain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Professional
respiratory
not yellow fever

Other contributory causes of importance: 1070

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? _____ 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) B. J. Green, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-4078.7