

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.

SEP 26 1933

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

Do not use this space.

23877

1. PLACE OF DEATH

County New Madrid  
Township Anderson  
City Sidem (No. ...., St. .... Ward)

Registration District No. 55  
Primary Registration District No. 4033

File No. 10  
Registered No. 1054  
St. .... Ward

2. FULL NAME

Frances Harrison

(a) Residence, No. Sidem, mo St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 31 - 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
-	0	8	21	

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) Sidem, mo.

13. NAME August Harrison

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

15. MAIDEN NAME Minnie Williamson

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

17. INFORMANT August Harrison (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Killee DATE July 27, 1933

19. UNDERTAKER none (ADDRESS)

20. FILED Aug 10 1933 M. V. Mumme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-21-33, 19... to 7-21-33, 19... I last saw him alive on 7-21-33, 19... Death is said to have occurred on the date stated above, at 7:30 PM  
The principal cause of death and related causes of importance were as follows:

acute colitis  
114E  
167A  
69E  
Other contributory causes of importance  
Bronchitis pneumonia  
Acidosis  
Date of onset

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) Francis Egan, M. D.  
(Address) Sidem, mo

