

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

Do not use this space.

25493

1. PLACE OF DEATH

County Wright Registration District No. 906
Township Bethel Creek Primary Registration District No. 6218
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME Benjamin 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1884

7. AGE YEARS 47 MONTHS 11 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Douglas W. Missouri

FATHER 13. NAME Henry Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kield Missouri

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Harriette Harrison (ADDRESS) Harriette no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Denton Cem DATE July 25, 1933

19. UNDERTAKER F. A. Child (ADDRESS) Manassah no.

20. FILED 7/25 1933 Mabel Bear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1933
22. I HEREBY CERTIFY that I attended deceased from June 9, 1933 to July 27, 1933
I last saw him alive on July 27, 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cardiac Mitral Insufficiency
Date of onset _____
Other contributory causes of importance: 92A 92

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) W. H. Murrell D.
(Address) Warrenton, 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.

AUG 26 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

JUN 13 1968