

SEP 26 1934

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

Do not use this space.

1. PLACE OF DEATH

30 County Dallas
Township N. Benton
City Louisiana (No. 231)

Registration District No. 231
Primary Registration District No. 231

File No. 29183
Registered No. 873
St. Ward

2. FULL NAME

J. J. Hunt 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 6 1885

7. AGE YEARS 48 MONTHS 5 DAYS 26 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) Near Lees (STATE OR COUNTRY) Mo

13. NAME James W. Harrison

14. BIRTHPLACE (CITY OR TOWN) Rock Lee Mo (STATE OR COUNTRY)

15. MAIDEN NAME Ella Lambert

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

17. INFORMANT John Harrison (ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana DATE Sept - 6 34

19. UNDERTAKER R. B. Boyd (ADDRESS) Boyd Supply Co

20. FILED 9/10 1934 Harrison Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 1 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Suicide or murder
undetermined by coroner
jury which
1935

Other contributory causes of importance:

8. Name of operation Justice of Peace Date

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) , M. D.

(Address)

