

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

Do not use this space.

31901

1. PLACE OF DEATH

County Scott
Township _____
City Chaffee Missouri (No. _____)

Registration District No. 816
Primary Registration District No. 4492

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME Susan Harrison

(a) Residence, No. 116 Davidson St. 2 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 4 mos. 18 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 Female 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 J. P. Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1875

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>5</u>	<u>23</u>	

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

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) 1929

11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) Newburg
(STATE OR COUNTRY) Missouri

13. NAME Valentine Allan

14. BIRTHPLACE (CITY OR TOWN) St. James
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

17. INFORMANT Josephine Harrison
(ADDRESS) Chaffee Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE Sept. 27 1933

19. UNDERTAKER H. F. Stubbs
(ADDRESS) Chaffee Missouri

20. FILED 1/26 1933 [Signature]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1929 to 9-24, 1933
I last saw h. ed alive on 9-24, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

Acute Dropsy Date of onset 4 years
Heart Failure
[Signature]

Other contributory cause of importance _____

Name of operation Paracentesis abs. Date of Varian

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? No
If so, specify _____

(Signed) W. D. Shumey M. D.
(Address) Chaffee 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.

OCT 30 1933

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