

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

Do not use this space.

1. PLACE OF DEATH

County Dent Registration District No. 266
 Township Franklin Primary Registration District No. 3373
 City _____ (No. _____) St. _____ Ward _____

File No. 19982
 Registered No. 47

2. FULL NAME Mrs. Mary 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 9 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle Penn.

13. NAME Adam Warfel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ----- Penn.

15. MAIDEN NAME Anne Kenn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ----- Penn.

17. INFORMANT Mrs. In Face
 (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 6/25/34

19. UNDERTAKER Carl K Sneeber
 (ADDRESS) Salem Mo

20. FILED 6/25 1934 W. C. Rudel, Jr. Mo.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to June 29, 1934
 I last saw him alive on June 29, 1934 Death is said to have occurred on the date stated above, at 2:30 A. M.

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

Chronic Myocarditis Date of onset 1929
93C
Fertility

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Ray H Hunt, M. D.
 (Address) Salem 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.

JUL 10 1934

