

SEP 18 1934

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

Do not use this space.

31771

1. PLACE OF DEATH

County Wayne Registration District No. 891
Township Benton Primary Registration District No. 4540
City Piedmont (No.) St. Ward

2. FULL NAME Thomas William 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 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 Leola Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/22/1897

7. AGE YEARS 37 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

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

13. NAME Alvin Harrison,

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

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Leola Harrison, (ADDRESS) Piedmont,

18. BURIAL, CREMATION, OR REMOVAL PLACE Miles Cemetery DATE August 5 1934

19. UNDERTAKER Yates M.D. Co. (ADDRESS) Piedmont,

20. FILED 8/17 3450 Miles M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4 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, m.

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

Killed by Train,

Date of onset

Other contributory causes of importance:

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) F. C. Yates Coroner, M. D.
(Address) Piedmont, 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.

NOV 26 1945

UNITED STATES

POSTAGE

PAID BY ADDRESSEE

NOV 26 1945

100

Wayne

25

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Thomas William Harrison

Who died at _____ on Aug 4 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 37 Months 6 Days 12

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Where deceased last worked at this occupation: Called by Train Month _____ Year _____

Place of birth (State or country) This man was lying on the track when the engine struck him, and no one knows whether

Place of father (State or country) Struck him, and no one knows whether

Place of mother (State or country) he was drunk, or a sleep lying across

Principal cause of death: the track, or had been murdered and placed there.

Evidentially the train hit it and mangled the body.

Other contributory causes of importance _____

Name of operation _____ Date of 1935

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

Name of physician _____
Address of physician _____
Signature of Registrar T. B. Ciles M.D. Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 891

Primary Reg. Dist. No. 4540

Very truly yours,

E. T. McLaugh

State Registrar
Special Agent.

S-31771