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.

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

OCT 17 1934

Do not use this space.

33859

1. PLACE OF DEATH
County Ray
Township Richmond
City ~~Henrietta~~ (No. ..... St. ..... Ward)

Registration District No. ~~740~~ 944
Primary Registration District No. 5976B

File No. 13
Registered No. .....

2. FULL NAME Myrel Kenneth 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) Baby.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1933

7. AGE YEARS | MONTHS 8 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby
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) Henrietta Mo

FATHER
13. NAME Myrel Harrison.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henrietta Mo

MOTHER
15. MAIDEN NAME Loretta Mayes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo.

17. INFORMANT (ADDRESS) Mr J G Harrison Henrietta Mo

18. BURIAL, CREMATION, OR REMOVAL
(LICENSE) Richmond Cemetery DATE Sep 17 1934

19. UNDERTAKER (ADDRESS) R. R. Boggess Hardin Mo

20. FILED Sept. 17th 1934 R. L. Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/12th, 1934 to 9/16th, 1934
I last saw him alive on 9/16th, 1934 Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
11B
10TH

Date of onset

Other contributory causes of importance:
Influenza
Injection

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) Dr J. V. Smith M. D.
(Address) Henrietta Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Ray
Township: Richmond
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 744
Primary Registration District No.: 5976B
File No.: 4
Registered No.: 13

2. FULL NAME: Myrel Kenneth 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-19-1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	8	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baby
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): Henrietta Mo

FATHER
13. NAME: Myrel Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henrietta, Mo

MOTHER
15. MAIDEN NAME: Loretta Mayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph, Mo.

17. INFORMANT: Mrs. J. C. Harrison
(ADDRESS): Henrietta Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Richmond Cem. DATE: Sept-19, 1934

19. UNDERTAKER: R. R. Boggess
(ADDRESS): Hardin Mo

20. FILED: 12-6, 1934 E. E. Hay, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-16-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-12-, 1934, to 9-16, 1934
I last saw ~~him~~ alive on 9-16-, 1934. Death is said to have occurred on the date stated above, at 1:40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:
Influenza, Infection

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) Dr. J. V. Smith, M. D.
(Address) Henrietta, Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-33859