

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**

Do not use this space.

JAN 8 1935

43499

**1. PLACE OF DEATH**

County Lafayette Registration District No. 461  
 Township Wilmington Primary Registration District No. 5625  
 City W. (No. W.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 101  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF June 1857  
Cont. Delon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1st 1867  
 7. AGE YEARS 72 MONTHS 3 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miner  
 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) South of  
 (STATE OR COUNTRY) Co. Mo

13. NAME Thomson Harrison

14. BIRTHPLACE (CITY OR TOWN) Miss  
 (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Saliva Marshall

16. BIRTHPLACE (CITY OR TOWN) Johnson County Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT W. Thomson  
 (ADDRESS) Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Higginsville DATE 12/23/34

19. UNDERTAKER Boebers Minershagen  
 (ADDRESS) Higginsville Mo

20. FILED Dec-28 1934 Laura Belle Bates  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1934 to Dec 22, 1934  
 I last saw him alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 10:38 a.m.  
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Trouble  
Mitral Regurgitation  
Arterio Sclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical 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. P. McKee M. D.  
 (Address) Wilmington Mo

