

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

Do not use this space.

8274

APR 25 1935

1. PLACE OF DEATH

County Callaway Registration District No. 102
 Township Jackson Primary Registration District No. 3150
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3011

2. FULL NAME

John Sherwood 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. da.

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 Mary E. Harrison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st 1851
 7. AGE YEARS 83 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Callaway Co. Mo. (STATE OR COUNTRY)

13. NAME Samuel Harrison

14. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary E. Maddox

16. BIRTHPLACE (CITY OR TOWN) Callaway Co. Mo. (STATE OR COUNTRY)

17. INFORMANT S. S. Harrison (ADDRESS) AuxVale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old AuxVale DATE 3/3 1935

19. UNDERTAKER Hughes Maupin (ADDRESS) AuxVale, Mo.

20. FILED 3/4 35 H. H. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to March 2, 1935
 I last saw him alive on March 20, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

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

Pneumonia
Influenza
110

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) J. H. Anderson, M. D.
 (Address) Missouri 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.

