

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

Do not use this space.

32378

DEC 6 1935

1. PLACE OF DEATH

County Green Registration District No. 316
 Township Green Primary Registration District No. 4191
 City Ash Grove (No. _____) St. _____ Ward _____

2. FULL NAME

Lucyella 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>6. M. Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 4 - 1864</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Ohio</u>		
13. NAME <u>Samuel Blackburn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary Mayes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Mr. Harrison</u> (ADDRESS) <u>Ash Grove Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Johns Chapel</u> DATE <u>Oct - 17 - 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Prim Funeral Home</u> <u>Walnut Grove Mo</u>		
20. FILED <u>10/12</u> , 19 <u>35</u> <u>Mrs. Leonard Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to Oct 11, 1935.
 I last saw him alive on Oct 11, 1935. Death is said to have occurred on the date stated above, at 7:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease Date of onset 1915
 Other contributory causes of importance:
Paralytic Disease 3 yrs

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? no
 If so, specify _____
 (Signed) D. Charles St. On, M. D.
 (Address) Ash Grove 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.

