NOV 26 1935

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

Do not use this space.

33531

1. PLACE OF DEATH

County Oregon — Registration District No. 632 — File No.

Township Thayer — Primary Registration District No. 5834 — Registered No. 27

City ..... (No. ..... St. ..... Ward)

2. FULL NAME (Unnaned) Son of Murley and Bessie Harrison

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 27 1935

7. AGE YEARS MONTHS DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Thayer Township Oregon Co Mo

FATHER

13. NAME Murley H Harrison

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

MOTHER

15. MAIDEN NAME Bessie Maris Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer

17. INFORMANT (ADDRESS) Murley H Harrison Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Two Mile Cem DATE 10/7/35 19

19. UNDERTAKER (ADDRESS) None

20. FILED Oct 7. 1935 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6/1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 27th 1935 to Sept 27 1935

I last saw him alive on Sept 27 1935 Death is said to have occurred on the date stated above, at 4:00 PM.

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

	Date of onset
Under development	
Deterior	

Other contributory causes of importance: 158

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) H. B. Hull , M. D.

(Address) Mammoth Springs Ark

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.