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

DEC 17 1935

Do not use this space.

35581

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No.
Township — Primary Registration District No. 3015 — Registered No. 122
City Boonville (No. , St. Ward)

2. FULL NAME Richard 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 19 - 1858
7. AGE: YEARS 77 — MONTHS 1 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Art Shopkeeper
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): Sept 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville Mo

FATHER
13. NAME: Albert M. Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Maria L Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Percy Harrison Webster Grove Mo
18. BURIAL, CREMATION, OR REMOVAL: Cem Boonville Mo
PLACE: Walnut Grove DATE: Nov 27 1935
19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo
20. FILED: Nov 27 1935 — D. E. Cooper, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 25, 1935
I last saw him alive on Nov 24, 1935. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	

Other contributory causes of importance: Uremia. Cystostomia

Name of operation: Suprapubic — Date of Nov 2
What test confirmed diagnosis? Clinical — Was there an autopsy? no

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) [signature], M. D.
(Address) Boonville Mo.