

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

Do not use this space.

35599

DEC 18 1935

1. PLACE OF DEATH

29 County Dade Registration District No. 237
 Township Central Primary Registration District No. 2323
 City Greenfield No. _____ St. _____ Ward _____

File No. 80
 Registered No. _____

2. FULL NAME

Charles 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 25 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker
 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) Polina, mo

FATHER 13. NAME John Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, mo

MOTHER 15. MAIDEN NAME Mary Elizabeth Foushee

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

17. INFORMANT Ed Harrison
 (ADDRESS) Greenfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield DATE 7-1-12-1935

19. UNDERTAKER Harrison Undertaking
 (ADDRESS) Greenfield, mo

20. FILED Dec 3 1935 Ed L. West Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1935, to 11/11 1935

I last saw him alive on 11/10 1935. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Cancer of prostate Date of onset _____

Other contributory causes of importance _____

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? _____

I specify _____ (Signed) W. G. Carson M. D.

(Address) Greenfield mo

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.

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