

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

Do not use this space.

Dr. Burke
28244

SEP 9 1936

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 229 Registered No. 696
 City Springfield, Mo. Baptist Hospital Ward) _____

2. FULL NAME

Best Arthur Harrison
 (a) Residence, No. 1014 S. Clay 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 1936</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	<u>16</u>
		DAYS
		<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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>Maumelle, Mo.</u>		
13. NAME <u>Marion LeRoy Harrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Andrew Darling</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Marion LeRoy Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Spring Lawn</u>	<u>July 6 - 36</u>	
19. UNDERTAKER (ADDRESS) <u>Alma Schreyer</u>		
20. FILED <u>7-11-36</u> 19 <u>36</u> <u>Dr. Chas. A. George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-6-36, 1936, to 7-14-36, 1936
 I last saw him alive on 7-14-36, 1936 Death is said to have occurred on the date stated above, at 7 P s.m.
 The principal cause of death and related causes of importance were as follows:
Past influenza encephalitis. Date of onset _____
 Other contributory causes of importance: _____

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) W. H. Burke, M. D.
 (Address) 410 Woodcraft Bldg.

