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.

20M-2-19-36 I X7294

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

OCT 21 1936

Do not use this space.

34818

1. PLACE OF DEATH
County Johnson
Township Hazel Hill
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 5591

File No. .....
Registered No. 120

2. FULL NAME Lula T 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6 - 1865

7. AGE: YEARS 71 | MONTHS 5 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Mercer Co. Ky

FATHER
13. NAME Thos. Hutson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Elizabeth Westerfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Earl Harrison Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Sep. 22 1936

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg, Mo

20. FILED Sept 22 1936 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Sept 21, 1936
I last saw her alive on 9 - 20, 1936. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	Sept 20
Hypostatic Pneumonia	

Other contributory causes of importance:

92 [illegible]

Name of operation none Date of .....
What test confirmed diagnosis? Hrdy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) R. T. McKinney, M. D.
(Address) Warrensburg, Mo