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

Do not use this space.

9567

File No.
Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 1200 East 11th Street St. Ward)

2. FULL NAME Maj. Samuel Hudson Harrelson

(a) Residence, No. 1200 East 11st. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Louise Harrelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Harrelson Costume Co.
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): Sibley Missouri

FATHER

13. NAME: William C. Harrelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Sarah K. Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Anna L. Harrelson, 1200 East 11th Street

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Moriah DATE: Mar. 15, 1937

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED: Mar 14 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 L, 1936, to Mch. 12 L, 1937. I last saw h. alive on Mch. 12 L, 1937. Death is said to have occurred on the date stated above, at 6 m.

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

	Date of onset
Apoplexy — with Hemiplegia left	

Other contributory causes of importance:

Cardio Vascular disease with Hypertension

Name of operation: none Date of:
What test confirmed diagnosis? 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) Terry E. Lilly, M. D.
(Address) 1027 Argyle Bldg. Kansas City 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.

1022. [illegible]

1:30 - 5 P.M.

MAR - 6 19[illegible]