

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wernon
Township Wool
City Wool

Registration District No. 879
Primary Registration District No. 6162
(No. St. Hosp #3)

File No. 25132
Registered No. 172
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Butler, Mo. (State Hospital #3) Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 18 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 1878

7. AGE YEARS 58 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman (oil)

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) Grandview Mo.

13. NAME Lee Harrison

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Nancy W. Atch

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Grandview Mo.

17. INFORMANT Mrs. Beal Harrison
(ADDRESS) Grandview, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE June 29 1937

19. UNDERTAKER C. Lewis
(ADDRESS) Butler Mo.

20. FILED 6-29 1937 M. Eichinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1937, to June 26, 1937.

I last saw him alive on June 1, 1937. Death is said

to have occurred on the date stated above, at 2:45 am.

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

Multiple sclerosis Date of onset 1935

Other contributory causes of importance: lobes pneumonia 5 days

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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) W. T. Atch M. D.

(Address) Grandview Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

108

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25132
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Wash Primary Registration District No. 6162 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alvin Scott Harrison

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1937

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...
I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.
The principal cause of death and related causes of importance were as follows:
Multiple Sclerosis
Cerebro spinal
Lobar Pneumonia
108-

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?
If so, specify
(Signed) J. J. O'dell, M. D.
(Address) Nevada Mo

SUPPLEMENTARY

Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CARE OF L. EXH. 11. IN PLAIN TITLES, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION...

S-2 5/32