REC'D JUN 8 1938

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

19024
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON
(b) Township
(c) City NEOSHO
Registration District No. 609
Primary Registration District No. 4362
Registered No. 53
(d) Street No. SALE-BOWMAN HOSPITAL 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 IRA SHELDON HARRISON
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 ETHEL HARRISON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBY 23, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	17	

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. FARMER
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) HUTCHISON KANSAS

FATHER
13. NAME P. I. HARRISON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COLORADO

MOTHER
15. MAIDEN NAME EVA WOOD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COLORADO

17. INFORMANT Mrs. Ira S. Harrison
(ADDRESS) NEOSHO, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE KANSAS CITY, MO DATE MAY 10, 1938

19. FUNERAL DIRECTOR THE BIGHAM MORTUARY
(ADDRESS) NEOSHO, MO

20. FILED 5-10-38, 19 Oralgasale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 10, 1938
I last saw him alive on May 10, 1938. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

Bilateral lobar pneumonia

Date of onset

Other contributory causes of importance:
Coryza. Extraction of infected carious teeth with severe hemorrhage

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Thelwin C. Bowman M. D.
(Address) Neosho, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)