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.

WHITE PAPER, WITH ORIGINAL INKS IS A PERMANENT RECORD

DEPO OCT 25 1938

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

Do not use this space.
33000
264

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 264

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. 1520 So. Barrett St. Ward)

2. FULL NAME Charles Edwin Harrison

(a) Residence, No. 1520 So. ~~Harrison~~ Barrett 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: 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 Fannie Bentley Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1861

7. AGE: Years 77 — Months 7 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

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) Versailles Mo.

FATHER

13. NAME James Simpson Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Cecile Harrison
(ADDRESS) 1520 So. Barrett Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Sept. 10, 1938

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Sept 10, 1938 Jean Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938 to Sept 8, 1938

I last saw alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 1030 P.M.

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

	Date of onset
Terminal pneumonia from cerebral vascular	Aug 27 1938

Other contributory causes of importance: Chronic cystitis, bilateral hydronephrosis, arteriosclerosis — Yes, we think

Name of operation None — Date of None

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? No

If so, specify None

(Signed) [illegible], M. D.

(Address) [illegible] Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/13/38