

REC'D MAY 18 1939

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

15527
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Galine Primary Registration District No. 2-7-53-A Registered No. 32
 (c) City Eldon (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 Samuel Thomas Harrison

(a) Residence, No. Eldon 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Miller Co., Mo.

FATHER 13. NAME Samuel T. Harrison

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

MOTHER 15. MAIDEN NAME Mary Jane Frances

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

17. INFORMANT (ADDRESS) Anna Rusk Eldon Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth, Kans 4-26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home Eldon, Missouri 475

20. FILED 4-25 1939 elle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938, to April 24, 1939
 I last saw him alive on April 25, 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Lobar Pneumonia Date of onset
59
 Other contributory causes of importance: Diabetes

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) W. C. Allen, M. D.
 (Address) Eldon Mo

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.

I. X14023

RECEIVED

Miller County Health Dep't.

County File Number 39-67

Date Filed 5-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

W. A. Phillips

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

W. A. Phillips

Licensed Embalmer No. 1187

P. O. Address Eldon, Missouri

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.)

If this body is not embalmed, above space should be left blank.