

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19335
Do not use this space.

REC'D JUN 22 1939

1. PLACE OF DEATH

(a) County Newton Registration District No. 629
 (b) Township Neosho Primary Registration District No. 4363 Registered No. 35
 (c) City Neosho (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

625 Milton S Penney Harrison
 (a) Residence, No. 7 Wall Street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND or WIFE) Rebecca Harrison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 21
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Minister
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939, to April 25, 1939
 I last saw him alive on April 25, 1939. Death is said to have occurred on the date stated above, at 6:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Hypertrophy
Chronic Decompensation
Chronic Cholelithiasis
 Date of onset 121

Other contributory causes of importance:
Arterio-sclerosis
Chronic Interstitial Nephritis

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? NO
 If so, specify _____
 (Signed) Melvin P. Bowman, M. D.
 (Address) Neosho, Mo.
Local Registrar

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Carter Harrison

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

15. MAIDEN NAME Unknown Sinclair

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

17. INFORMANT (ADDRESS) Rebecca Harrison
Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibson Cemetery 4-27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carley Thompson
Neosho, Mo.

20. FILED 6-5, 1939 Local Registrar

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

Gail R Gay

Registered Apprentice No.

189

working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No.

3259

P. O. Address

Nevada Mo

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.