

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.

REC'D JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 3132  
City Sedalia (No. 239.5 Park)

File No. 19450  
Registered No. 153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lillian Norma Harrison  
(a) Residence, No. 239.5 Park St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Sedalia Mo

13. NAME Ben Johnson

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

15. MAIDEN NAME Mary Norman

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

17. INFORMANT E. Norman Harrison (ADDRESS) Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 11, 1939

19. UNDERTAKER M. Laughlin Bibe (ADDRESS) Sedalia Mo

20. FILED 5-11-39 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939

22. I HEREBY CERTIFY That I attended deceased from April 9, 1939 to May 10, 1939  
I last saw her alive on May 9, 1939. Death is said to have occurred on the date stated above, at 11:47 a.m.

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

Cancer Colon Date of onset \_\_\_\_\_  
restroom. Was told she had  
great trouble for some  
time. Medical service sought  
in March 1939.

Other contributory causes of importance:  
Primary return. 46

Name of operation Kraygadum 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? No. Date of injury No., 19\_\_\_\_  
Where did injury occur? No injury  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
No injury.

Manner of injury No injury  
Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_  
(Signed) E. A. Foster M. D.  
(Address) Sedalia Mo.

NOV 7 1947

NOV 7 1947

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/18/39