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.

FILED MAR

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

Do not use this space.

6580

1. PLACE OF DEATH

County Carroll — Registration District No. 138 — File No. 12

Township ~~Egypt~~ — Primary Registration District No. 4078 — Registered No. 70

City Norborne. (No. , 1 St. Ward)

2. FULL NAME Thomas Eugene, Harrison,

(a) Residence, No. Norborne Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	D Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29. 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	1	12	

OCCUPATION

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

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) Feb. 1. 1941.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County. Mo. D

FATHER

13. NAME B.F. Harrison.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. /

MOTHER

15. MAIDEN NAME Rachel Harrison.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. D

17. INFORMANT (ADDRESS) Mildred L. Shelton Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gilead Cemetery DATE Feb. 13. 1941

19. UNDERTAKER (ADDRESS) John G. Deitch Norborne. Missouri.

20. FILED Feb. 12, 1941 B. C. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11- , 1941

22. I HEREBY CERTIFY, That I attended deceased from 2-5- , 19.., to 2-11- , 1941

I last saw him alive on 2-11- , 1941 /Death is said to have occurred on the date stated above, at 10 A.M.

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

Myocarditis — Date of onset 2-5-41

Other contributory causes of importance: 92 N

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) B C Cole, M. D.

(Address) Norborne Mo

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-3-41