

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

FILED NOV 27 1940

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Spencer
City Urich

Registration District No. 366
Primary Registration District No. 5071

File No. 377337
Registered No. 0
St. 0 Ward 0

2. FULL NAME

Benjamin Eugene Harrison

(a) Residence, No. 0 St. 0 Ward 0
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23-1870</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>
	DAYS <u>7</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>5-1-40</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kent Station, Ind.</u>		
FATHER	13. NAME <u>William H. Harrison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Mary Whitman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seneca Ohio</u>	
17. INFORMANT <u>Mrs. Ben. Harrison</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Butler mo</u> DATE <u>March 4, 1940</u>		
19. UNDERTAKER <u>W. J. Brown</u> (ADDRESS) <u>Urich mo</u>		
20. FILED <u>1940</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1940 to 3-1 1940
I last saw him and when I arrived 1940. Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset

Other contributory causes of importance: 94a

Name of operation X 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? no
If so, specify
(Signed) J. W. Galbreath, M. D.
(Address) Urich mo

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.

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Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No.....,St.Ward)

2. FULL NAME

(a) Residence, No.....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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE 19.....				
19. UNDERTAKER (ADDRESS)				
20. FILED 19..... Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19.....	
22. I HEREBY CERTIFY, That I attended deceased from , 19....., to....., 19.....	
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.	
The principal cause of death and related causes of importance were as follows:	
	Date of onset
Other contributory causes of importance:	
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)....., M. D.	
(Address).....	

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.

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