

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

Do not use this space.

2899

1. PLACE OF DEATH
 42 County Henry Registration District No. 355
 Township Saris Primary Registration District No. 5497
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mort a Harrison 625
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Malinda Iris Settles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1865

7. AGE 72 YEARS 8 MONTHS 11 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) Montrose Mo

FATHER 13. NAME James M. Harrison 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

MOTHER 15. MAIDEN NAME Hettie Fisher 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT May Wagner (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Chapel DATE 1-23 1938

19. UNDERTAKER Lennarts + Lennarts (ADDRESS) Montrose Mo

20. FILED 1-24 1938 W E Baggerly Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 21 1938

22. I HEREBY CERTIFY, that I attended deceased from Dec - 2 1937, to Jan - 21 1938
 I last saw him alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 4:30 P m.
 The principal cause of death and related causes of importance were as follows:
Peruision Quecua Date of onset 1933
n/a

Other contributory causes of importance:
Injured tooth

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? No
 If so, specify _____
 (Signed) James Smith M. D.
 (Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Handwritten text, mostly illegible due to heavy noise and low contrast. Some faint words like "date" and "name" are visible.