

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

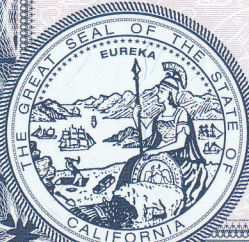
CITY AND COUNTY OF SAN FRANCISCO

PLACE OF DEATH, DIST. No. **3801**  
 (To be inserted by Registrar)

California State Board of Health  
 BUREAU OF VITAL STATISTICS  
 State Index No. \_\_\_\_\_  
 City and County of **SAN FRANCISCO**  
 STANDARD CERTIFICATE OF DEATH  
 Local Registered No. **3777**  
 (No. **Central Emergency Hospital** Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 12a and 12b.]

**FULL NAME** **Edgar Harrison**

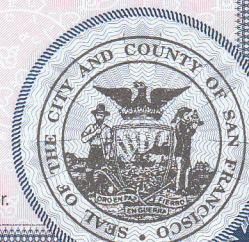
PERSONAL AND STATISTICAL PARTICULARS			CORONER'S CERTIFICATE OF DEATH	
SEX <b>Male</b>	COLOR OR RACE <b>White</b>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <b>Married</b>	DATE OF DEATH <b>June 17th</b> , 19 <b>24</b> (Month) (Day) (Year)	
If married, widowed, or divorced HUSBAND of <b>Lillian Harrison</b> (or) WIFE of			I HEREBY CERTIFY, as to the person above named and herein described, That on _____ 19____, I held an inquest and the jury rendered a verdict on the death. Or, that I have investigated the death officially on account of	
DATE OF BIRTH <b>Jan 4</b> , 18 <b>68</b> (Month) (Day) (Year)			The CAUSE OF DEATH* was as follows: <b>Lobar pneumonia, right side, Chronic Myocarditis.</b> 101	
AGE <b>56</b> years <b>5</b> months <b>15</b> days or _____ hr. _____ min. If LESS than			State whether attributed to dangerous or insanitary conditions of employment. <b>"NO"</b>	
OCCUPATION (a) Trade, profession, or particular kind of work. <b>Musician</b> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.				
BIRTHPLACE (State or country; city or town) <b>Los Angeles, Calif</b>			(Signed) _____ Approved: (Signed) _____ June 17, 1924 (Address) <b>S. F.</b> County	
NAME OF FATHER: <b>Thomas Wesley Harrison</b>				
BIRTHPLACE OF FATHER (city or town) (State or country) <b>Indiana</b>				
MAIDEN NAME OF MOTHER: <b>Martha Whitcomb</b>			State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
BIRTHPLACE OF MOTHER (city or town) (State or country) <b>Indiana</b>			SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents Where was disease contracted, if not at place of death? Former or usual residence <b>1378 -8th avenue</b>	
LENGTH OF RESIDENCE At Place of Death <b>7</b> years _____ months _____ days (Primary registration district) (If nonresident, give city or town and state) In California <b>Life</b> years _____ months _____ days How long in U.S., if of foreign birth? _____ years _____ months _____ days			PLACE OF BURIAL OR REMOVAL <b>Mt. Olivet BURIAL</b> DATE OF BURIAL <b>June 19</b> , 19 <b>24</b>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <b>Mrs. Lillian Harrison</b> (Address) <b>1378 - 8th Avenue</b>			UNDERTAKER <b>Wm. O'Shaughnessy &amp; Co.</b> EMBALMER'S LICENSE No. _____	
Home Address <b>1378 8th Avenue</b> Filed <b>JUN 18 1924</b> William C. Hester Registrar or Deputy			ADDRESS <b>741 Valencia St</b> <b>285</b>	



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.  
 DATE ISSUED **2009 APR -1 PM 12:43**



Mitchell Katz, M.D.  
 Health Officer and Local Registrar



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.