

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

6113

1. PLACE OF DEATH St. Louis
 County St. Louis Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 12
 City Webster Groves (No. 857 Newport Ave) St. _____ Ward _____
 2. FULL NAME Edgar P. Harris
 (a) Residence, No. 857 Newport St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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 Mary Harris
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 1845
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
76 | 9 | 9
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired 10 yrs
 (b) General nature of industry, business, or establishment in which employed (or employer) Iron Maker
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) St. John
 (STATE OR COUNTRY) Vermont
 10. NAME OF FATHER James Harris
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mass
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Charlotte Waver
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mass
 (STATE OR COUNTRY) _____

PARENTS

14. INFORMANT Erno H. Harris
 (Address) Webster Groves Mo.
 15. FILED 2/16 1922 Dr. M. C. Comb
 Registrar

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1922
 17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1921, to Feb 16, 1922
 that I last saw him alive on Jan 20, 1921, and that death occurred, on the date stated above, at 1 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
97
 (duration) _____ yrs. mos. da.
 CONTRIBUTORY Arteriosclerosis
 (SECONDARY) _____
 (duration) _____ yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED _____
 IN NEW AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) M. C. Comb, M. D.
 , 19 (Address) Webster Groves Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cash Hill DATE OF BURIAL Feb 17 1922
 20. UNDERTAKER Walker and Co. Webster Groves
 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.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespec- tive of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employ- ments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales- man*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile fac- tory*. The material worked on may form part of the second statement. Never return "Laborer," "Fore- man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occu- pation at beginning of illness. If retired from busi- ness, that fact may be indicated thus: *Farmer (re- tired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name ori- gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or in- tercurrent) affection need not be stated unless im- portant. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by rail- way train—accident*; *Revolver wound of head— homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesir- able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemor- rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City Webster Groves (No. 817 Newport Ave) St. Ward.....

2. FULL NAME

Edgar P Harris
 (a) Residence. No. 817 Newport Ave 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | | | |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | | | | |
| PARENTS | 10. NAME OF FATHER | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) | | | |
| | 12. MAIDEN NAME OF MOTHER | | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 19 22

17. I HEREBY CERTIFY, That I attended deceased from 1922 to Dec 1922, 19... that I last saw live on Oct 1922, 19... and that death occurred on the date stated above, at 11:30 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
 (duration) yrs. mos. da.
 CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. North M. D.
 19 (Address) 17 E. Louisiana Webster Groves

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT (Address) R. H. Wilson
 15. FILED R. H. Wilson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill DATE OF BURIAL Feb 17 19 22
 20. UNDERTAKER Parker and Co ADDRESS Webster Groves

SUPPLEMENTARY

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

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SUPPLEMENTARY.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

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