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

Do not use this space.

10126

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1329 N. 10th St. ..... Ward)

File No. .....

Registered No. 2708

2. FULL NAME Theodre Harris

(a) Residence. No. 1329 N 10th St., 25 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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt. 1880

7. AGE: 47 YEARS, MONTHS, DAYS, If LESS than 1 day, ... hrs. or ..... min.
abt.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cape Co.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: William Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Bertha Harris
(Address): 1329 N. 10th St

15. FILED MAR 19 1927 19 May C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 11 1927

17. I HEREBY CERTIFY, That I attended deceased from February 26th, 1927, to March 10th, 1927, that I last saw him alive on March 10th, 1927, and that death occurred, on the date stated above, at 3 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia
100
(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY) 101A
(duration) ..... yrs. ..... mos. ..... ds.

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? Physical examination, course
(Signed) P. M. Rothman, M. D
3-12, 1927 (Address) 1454 Cass Ave.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greenwood Crem

DATE OF BURIAL: 3/20 1927

20. UNDERTAKER: W. C. Gordon Und. Co.

ADDRESS: 2649 Morgan St

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.

[illegible] THIS IS A PERMANENT RECORD