

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

Do not use this space.

10539

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **1506**) **Bellevue Ave.** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. **710** of **Virginia** 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** **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** **Elizabeth Harbough**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **10-22-1864**

**7. AGE** YEARS **62** MONTHS **5** DAYS **8** | If LESS than day, hr or min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work **Foreman**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Liggett & Meyers Tobacco Co.**  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** **Missouri**

**10. NAME OF FATHER** **Chas. Harbough**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** **Washington D.C.**

**12. MAIDEN NAME OF MOTHER** **Beth Brown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** **Missouri**

**14. INFORMANT** **Elizabeth Harbough**  
 (Address) **710 Virginia Ave**

**15. FILED** **Mar 6 Starsoff**  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Mar. 30 1927**

**17. I HEREBY CERTIFY** That I attended deceased from **Mar. 15 1927**, to **Mar 30 1927** that I last saw him alive on **Mar 26 1927**, and that death occurred, on the date stated above, at **8:50** p.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:** **Myocardial Regurgitation**

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** **No** U. DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** **No**

**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) **J. J. Burdick**, M. D.  
**3/30/27** (Address) **2106 Grand Blvd.**

\*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** **St. Joseph Cemetery** | **DATE OF BURIAL** **4/1 1927**

**20. UNDERTAKER** **Southern** | **ADDRESS** **7315 S. Blvd**

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.

