

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

Do not use this space.

28646

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hosp # 2)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **8180**
St. Ward

2. FULL NAME

(a) Residence No. 1461 Biddle 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9-27 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Belle Harrison

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at 11:50 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Ab. 27 Unknown

gun shot wound of chest
173 (duration) yrs. mos. da.

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
Janitor

CONTRIBUTORY (SECONDARY) Stomach
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) D.C.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Unknown

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) " " "

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm. Dwyer M.D.
9/13, 1927 (Address) Dep. Coroner

12. MAIDEN NAME OF MOTHER " " "

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

*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.

14. INFORMANT Willie Belle Harrison
(Address) 1461 Biddle St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. SEP 15 1927 FILED
19.....
Wm. C. Starnes
REGISTRAR

East St. Louis Ill. 9/16 1927
20. UNDERTAKER ADDRESS
R. M. C. Green 3517 Lueders

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.

