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

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.

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

Do not use this space.

31721

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9067

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Joseph Harris

(a) Residence. No. 4312-N-market (R) St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Born 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: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 1926

7. AGE: Years 1, Months 9, Days 6. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: nil 119B 87A

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Tommy Harris

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

12. MAIDEN NAME OF MOTHER Lena Sinton

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

14. INFORMANT Anna F. Woodard (Address) City Hospital #2

15. FILED OCT 11 1927 19.. Max C. Starkoff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1927, to Oct. 11, 1927, that I last saw h... alive on Oct. 11, 1927, and that death occurred, on the date stated above, at 1 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-Enteritis

113B

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) Otitis media (Acute)

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

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

O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. L. Drake, M. D

, 19 (Address) City Hosp. #2

*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 Cemetery

DATE OF BURIAL: 10/12/1927

20. UNDERTAKER: Wm Nunley-4125-Finney Avenue

ADDRESS