

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

Do not use this space.

35377

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003 File No.
 City St. Louis (No. 4950) Lundell Registered No. 10363
 Sl. Ward)

2. FULL NAME

(a) Residence. No. Poplar Bluff St., 12 Ward. Poplar Bluff Mo
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>39</u>	<u>9</u>	<u>19</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work actor
 (b) General nature of industry, business, or establishment in which employed (or employer) Theatre
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Little Rock
 (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER E. B. Harrington

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

12. MAIDEN NAME OF MOTHER Mary S. Myers

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

14. INFORMANT Herna Harde Harrington
 (Address) 4950 Lundell av

15. FILED 25 1927 Max Starkos
 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24th 1927

17. I HEREBY CERTIFY That I attended deceased from 10/24 1927, to 4/24/28 1928, that I last saw him alive on 4/24/28 1928, and that death occurred, on the date stated above, at 1:46 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Melanoma - carcinoma with general metastases.
53

CONTRIBUTORY (SECONDARY) Fractured and broken on left shoulder
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 10/14/27
 WAS THERE AN AUTOPSY? no

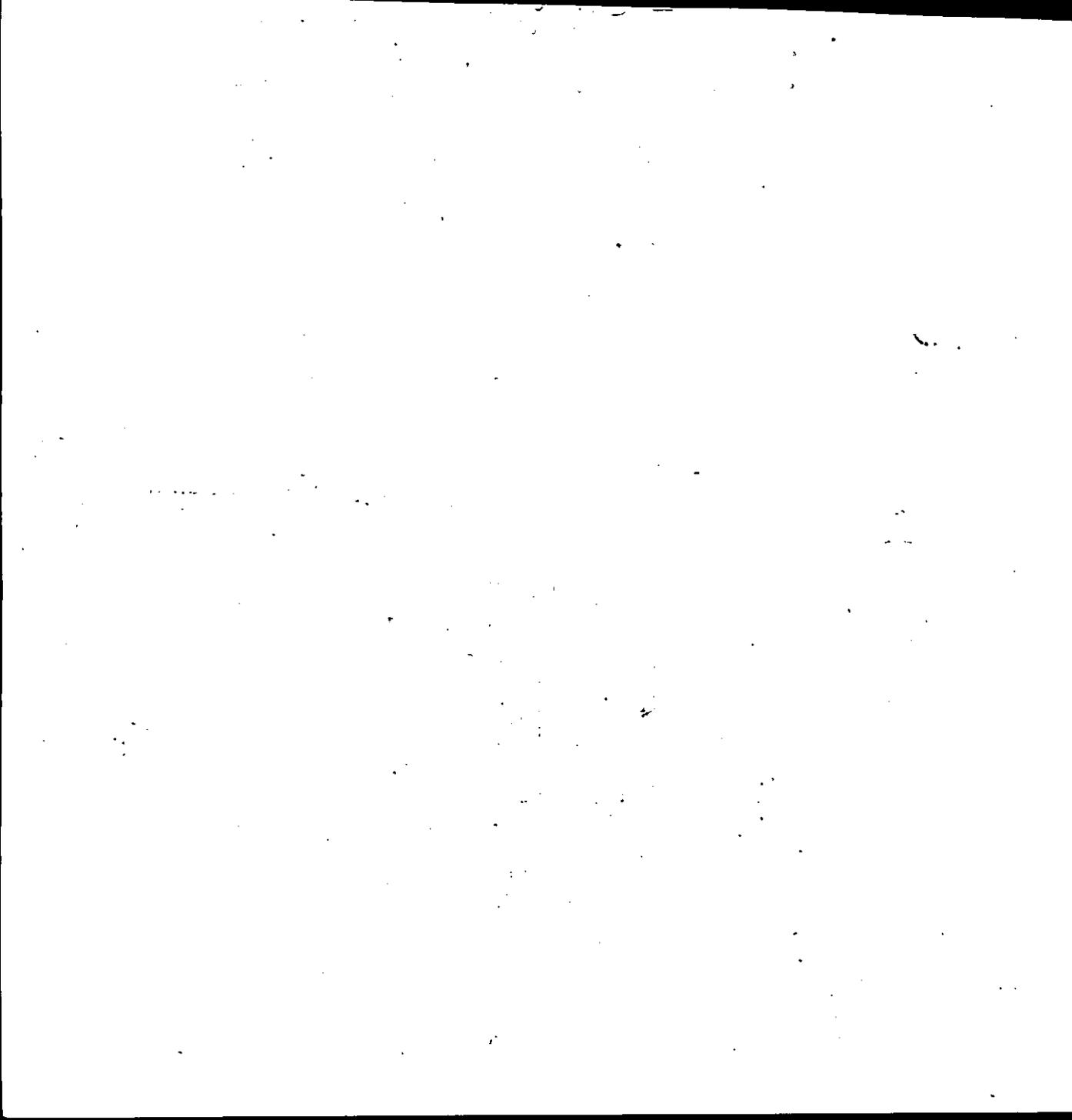
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Chas. H. Hargrave, M.D.

4/25, 1927 (Address) Bismarck 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 Poplar Bluff Mo.
 DATE OF BURIAL Nov 25, 1927

20. UNDERTAKER Ch. Lupton & Sons
 ADDRESS 444 E. 9th Ohio



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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No. 791 File No.....
 Township..... Primary Registration District No. 1003 Registered No. 105-6-32
 City St. Louis (No.) St. Ward)

2. FULL NAME.....

Elizah Berg Harrington

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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)

14. INFORMANT (Address).....

15. FILED..... 19. May 6 1927
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1927

17. I HEREBY CERTIFY, That I attended deceased from....., 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Melting Sarcoma with general metastasis carcinoma of left shoulder primary heart unknown

CONTRIBUTOR (SECONDARY) Information given over phone by Dr. H. A. Neilson, Sec. of W. S. H.

18. WHERE WAS DISEASE CONTRACTED 1-9-28

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
 , 19 (Address)

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENT

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