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

Do not use this space. 3197

1. PLACE OF DEATH

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

Township..... Primary Registration District No. 1003 Registered No. 818

City St Louis (No. Mo. Baptiste Sanitarium St. .....Ward)

2. FULL NAME Myne Estell Harris

(a) Residence. No. 5543 Patton St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph W Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	2	23	

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

9. BIRTHPLACE (CITY OR TOWN) Wales
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER William Evans

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

12. MAIDEN NAME OF MOTHER Margaret Penton

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

14. INFORMANT Joseph W Harris
(Address) 5348 Patton St.

15. FILED JAN 23 1928, 19..... Max E Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928 to Jan 21, 1928, that I last saw h.e alive on Jan 21, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia fibrositis

93C

95A (duration) ..... yrs. X mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (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?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) O A Lueburs, M.D.

1/27, 1928 (Address) 4660 Maryland

*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
Mount Lebanon Cemetery	Jan 25 1928
20. UNDERTAKER	**ADDRESS**
Drehmann Hand	1905 Union

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.

Auricular Fibrillation

W.D 2.1-b