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

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File No. 4755
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 3306 S. 13th Street St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Martha Elaine Harris

(a) Residence. No. 3306 S. 13th St., 24 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 Joshua Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	4	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Indiana

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Joshua M. Harris
(Address) 3306 S. 13th Street

15. MAY 2 1928 Filed, 19.. Hay C. Starkey Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1928 to April 30, 1928 that I last saw h.. alive on April 30, 1928 and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage of the Uterus (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 3306 So 3rd St.
Did an operation precede death? and what operation
Was there an AUTOPSY?
What test confirmed diagnosis? Physical & Micro
(Signed) [illegible] M.D.
5/1, 1928 (Address) 4930 Lindell 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	DATE OF BURIAL
Park Lawn	May 3, 1928
20. UNDERTAKER	**ADDRESS**
Wacker-Heldele	3331 S. Broadway

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.