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

Do not use this space.

31779

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Missouri Baptist Sanatarium St. ..... Ward)

File No. 9029

Registered No. .....

2. FULL NAME Mary Harding

(a) Residence. No. 500 Adelaide Ave. 12 Ward. St. Louis Co Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

Dr. Smith 536 N. Taylor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	0	4	

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) Danville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Wm. J. Gohn

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

12. MAIDEN NAME OF MOTHER Hannah Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vermillion County
(STATE OR COUNTRY) Illinois

14. INFORMANT Marion Elizabeth Harding
(Address) 500 Adelaide Ave University City

15. SEP -8 1928 Filed ..... Mary Carter Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from July 27, 19 28, to Sept 7, 19 28, that I last saw him alive on 9-7-, 19 28, and that death occurred, on the date stated above, at 10 40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Liver

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Uremia due to Carcinoma of Liver (duration) yrs. mos. 2 days

18. WHERE WAS DISEASE CONTRACTED St. Louis
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & Laboratory tests

(Signed) O. O. Smith, M. D.
19 (Address) 536 N. Taylor St. Louis, Mo.

*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 E. St. Louis, Ill.

DATE OF BURIAL Sept. 9 1928

20. UNDERTAKER J. M. Kurrus Secy
Kurrus Undertaking Co.

ADDRESS E. St. Louis, Ill.

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.

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