

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

Do not use this space.

4699

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 10252, 11th)

File No.....
Registered No. 1350
St. Ward)

2. FULL NAME

Ruby Harris

(a) Residence. No. 10252 11th St., 25 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE col. 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 20, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

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

10. NAME OF FATHER Henry Harris

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

12. MAIDEN NAME OF MOTHER Marilla Campbell

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

14. INFORMANT Henry Harris
(Address) 10252 11th St.

15. FILED 29 1929 REGISTRAR M. E. Stover

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-26-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1929, to Jan 26, 1929 that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
Primary
10/1A (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) 10/1A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Fred Emmert, M. D.
, 19 (Address) 713 Metropolitan Bldg

*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 Washington Park DATE OF BURIAL 1-29-1929

20. UNDERTAKER Peoples Trust Co ADDRESS 3100 Franklin

WHITE PRINTED, 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.

ROBERTSON
FOR 9504
FOR 211111
FOR 111111

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