

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

Do not use this space.

**1. PLACE OF DEATH**

791  
1003

16497

County..... Registration District No. ....

File No. ....

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

Registered No. ....

City..... (No. 3830) *Trinity*

St. *4595* (Ward)

**2. FULL NAME**

*Diella Harris*

(a) Residence. No. *3830* *Trinity* St., *11* Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *7* yrs. *1* mos. *1* da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-13-1929*

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

I HEREBY CERTIFY, That I attended deceased from *March 9*, 19*29*, to *April 13*, 19*29*, that I last saw her *alive* on *April 9*, 19*29*, and that death occurred, on the date stated above, at *9:30* a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 3-1898*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, hrs. or min.
<i>30</i>	<i>7</i>	<i>10</i>		

*Pul. Tuberculosis*  
*2.3A*

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

CONTRIBUTORY (SECONDARY) *SI*  
(duration) yrs. *1 1/2* mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH *at home*

10. NAME OF FATHER *John Martin*

19. DID AN OPERATION PRECEDE DEATH *no* DATE OF  
WAS THERE AN AUTOPSY? *no*

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

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*  
(Signed) *Lucretia J. Mull*, M. D.

12. MAIDEN NAME OF MOTHER *Paula Carrist*

(Address) *2355 Franklin*

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

\*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.

14. INFORMANT (Address) *Paula Martin*  
*3830 Trinity*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Washington Park* DATE OF BURIAL *4-21-1929*

15. FILED *APR 20 1929* *Paula Carrist* REGISTRAR

20. UNDERTAKER *W. S. Adams* ADDRESS *4202 Trinity*

1/10/19