

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

Do not use this space.

22906

1. PLACE OF DEATH

County.....
Towship.....
City St. Louis (No.....)

Registration District No. 791
1003
Primary Registration District No.....

File No.....
Registered No. 6329
St..... Ward.....

2. FULL NAME Ruth Lee Harshaw

(a) Residence. No. 1353 N. Garrison Ave., 21 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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(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) Mo.

10. NAME OF FATHER Lee Roy Harshaw

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

12. MAIDEN NAME OF MOTHER Euline Holmes

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

14. INFORMANT Euline Harshaw
(Address) 1353 N. Garrison Ave.

15. FILED JUN 12 1929 W. U. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/11 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-27-29, 1929, to 6-11-29, 1929, that I last saw her alive on June 11, 1929, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
L. P. Pneumonia
treatment from May 27
to June 11 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
6/1/29 (Signed) D. Jones, M. D.
2160 3 Morgan (Address)

*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

Washington Park 6/12 1929
20. UNDERTAKER ADDRESS

P. M. C. Green 3517 Greble

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.

Bill
Linn & Son

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