Dr Keys

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

Do not use this space.

35768

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St LOUIS (No. 3108 SCHOOL St. ..... Ward)

File No. ..... Registered No. 10565

2. FULL NAME Minnie Harris

(a) Residence. No. 3108 SCHOOL St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29/1928

7. AGE: YEARS 11 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer): 261
(c) Name of employer: Miss

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: alfred Harris

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

12. MAIDEN NAME OF MOTHER: Minnie Lee Randel

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

14. INFORMANT: Mildred Washington
(Address) 3025 Thomas St

15. FILED OCT 28 1929, 19 ..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/25 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1929 to Oct 25, 1929 that I last saw her alive on Oct 25, 1929, and that death occurred, on the date stated above, at 2 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cystitis
135 B
132 B
..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Uremia
..... (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? 135 B
IF NOT AT PLACE OF DEATH? .....
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Sherman Baldwin, M. D.
10/26 1929 (Address) 9252 Jefferson Ave

*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: St Leo Cemetery — DATE OF BURIAL: 10/28 1929

20. UNDERTAKER: R M C Green — ADDRESS: 3517 Laclede ave

WRITE PLAINLY, 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.