

APR 30 1930

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

Do not use this space.

10185

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City (No. 6529 Chamberlain) St. _____ Ward _____

2. FULL NAME

Elizabeth Harrison
(a) Residence No. 6529 Chamberlain St. _____ 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 50 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Homework
(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) Iowa

10. NAME OF FATHER James Harrison

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

12. MAIDEN NAME OF MOTHER Bridget Scally

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

14. INFORMANT W. M. Harrison

(Address) 6529 Chamberlain

15. FILED 3-29 1930 Leo P. Fitzgould, M.D. REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 29 1930

17. HEREBY CERTIFY, That I attended deceased from Mar. 31, 1930, to Mar. 26, 1930, that I last saw h. e. r. alive on Mar. 26, 1930, and that death occurred, on the date stated above, at 3:35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral endarteritis (Cerebral paresis)
(Dementia)
83 Ch. Lit. Nephritis
131 (duration) 5 yrs. mos. ds.
49 P Uremia

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

18. WHERE WAS DISEASE CONTRACTED

Place of death
NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signature) Luke B. Person, M.D.

(Address) Mar 29, 1930 3718 Jennings Rd

*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

Cemetery 4-1 1930

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2037 Ward St

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.

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1945

1. The first part of the document discusses the general situation of the country and the progress of the war. It mentions the importance of maintaining the morale of the people and the need for a united front.

2. The second part of the document deals with the economic situation and the measures being taken to improve it. It emphasizes the need for a balanced budget and the reduction of government spending.

3. The third part of the document focuses on the social and cultural aspects of the country. It discusses the role of education and the importance of promoting national unity and progress.

4. The fourth part of the document addresses the international situation and the country's foreign policy. It states the country's commitment to peace and cooperation with other nations.

5. The fifth part of the document concludes with a call to action for the people to support the government and contribute to the nation's development.