

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

Do not use this space.

10498

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1008
City St. Louis (No. 2308 N. 11th ST.)

File No.....
Registered No. 2486
St. Ward.....

2. FULL NAME

(a) Residence. No. 2308 N. 11th St., 26 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26, 1871

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
58 5 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night watch man
(b) General nature of industry, business, or establishment in which employed (or employer) (Retired) Galveston Tex.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Albany Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER Richard Harris

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

12. MAIDEN NAME OF MOTHER Sarah Dawson

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

14. INFORMANT Mrs. Mathie Harris
(Address) 2308 N. 11th ST.

15. FILED 19 Mar 13 1930
M. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11-1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1921, to March 11th 1930 that I last saw him alive on March 6th, 1930, and that death occurred, on the date stated above, at 145 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93 C
69 B (duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Multiple Arteriosclerosis
since 1910 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At Place of Death
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Edwin J. Forbush, M. D.
3/13 1930 (Address) 2906 No 12th

*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 Valhalla Cemetery DATE OF BURIAL 3/13 1930

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton

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.

MARGIN RESERVED FOR BIRTHING V. S. No. 2.

12th + ST. Louis

8-10

1-3

Try. 2621