

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

Do not use this space.

17896

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital # 2**)

File No.....
 Registered No. **4915**,
 St. _____ Ward _____

2. FULL NAME *Gene Harris*

(a) Residence. No. **4359 St. Ferdinand** St., **11** Ward.
 (Usual place of abode) **4359 St. Ferdinand** (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colord.</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Earl Harris</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Feb-15th 1900</i>				
7. AGE <i>30</i> YEARS	MONTHS <i>3</i>	DAYS <i>1</i>	If LESS than 1 day, hrs. or min.	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 16, 1930*
 17. I HEREBY CERTIFY- That I attended deceased from *No physician in attendance*
 that I last saw h. alive on 19....., and that death occurred, on the date stated above, at *6:20 P.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound of chest

173 (duration) yrs. mos. ds.
 CONTRIBUTORY *Homicide*
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
1917
 8 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? *Yes*
 WHAT TEST CONFIRMED DIAGNOSIS
John P. ... M.D.
 (Signed) *5/19/30* (Address) *W. ...*

*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.

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

9. BIRTHPLACE (CITY OR TOWN) *Sardis*
 (STATE OR COUNTRY) *Mississippi*

10. NAME OF FATHER *Powl Bishop*

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

12. MAIDEN NAME OF MOTHER *Ada Clark*

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

14. INFORMANT *Earl Harris*
 (Address) *4359 St. Ferdinand Ave*

15. FILED: *20 1930* *W. C. ...*
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Memphis, Tenn.* DATE OF BURIAL *May 21 1930*
 20. UNDERTAKER *D. Young* ADDRESS *8400*
Kearney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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