

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

Do not use this space.

18012

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis mo. Primary Registration District No. 1005 #2  
 City St. Louis mo. (No. City Hospital 2) Registered No. 5165  
 St. .... Ward)

**2. FULL NAME**

Emmett Harris  
 (a) Residence. No. 1135 Leonard St. 211 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-18-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 -11 6

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

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

10. NAME OF FATHER Audley Harrison

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

12. MAIDEN NAME OF MOTHER Ada Pemberton

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

14. INFORMANT A. Gertrude Creath  
 (Address) City Hosp. #2

15. FILED MAY 20 1934 19 1934 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-24-1930

17. I HEREBY CERTIFY, That I attended deceased from 1/6  
1930, to 5/24 1930  
 that I last saw him alive on 5-24 1930 and that death occurred, on the date stated above, at 8:50 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis of spine  
26 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED  
 IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? V-Ray  
 (Signed) H. W. Calver, M. D.

(Address) City Hosp. #2

\*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 Watsville Miss  
(Batemille) Miss. DATE OF BURIAL May 28, 1930

20. UNDERTAKER John C. Pope ADDRESS 2931 Lucas

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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