

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

Do not use this space.
21515
~~21517~~
File No. _____
Registered No. **6416**
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St Louis Mo.** (No. **3015 Adams St.**)

2. FULL NAME Francis Harris

(a) Residence. No. **3015 Adams** St., **18** Ward. (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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **8/16/1879 / 1873**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	56	10	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Domestic**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **Wilkerson County Miss.** (STATE OR COUNTRY)

10. NAME OF FATHER **Henry Russ**

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

12. MAIDEN NAME OF MOTHER **Princella Russ**

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

14. INFORMANT **James Smith (Son)** (Address) **3015 Thomas St.**

15. FILED _____ 19. **May 11 1930** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/30/ 19 30**

17. **No Physician in Attendance**
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at **4:30 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
9:20
1330

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

CONTRIBUTORY (SECONDARY) **Hypertension**

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

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) **John Hurley M.D.**

7/1, 1930 (Address) **Deputy Coroner**

*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 _____

Washington Park **7/6 1930**

20. UNDERTAKER _____ ADDRESS **2820**

Ellis General Home **Stoddard St**

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

2

