

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

Do not use this space.

24809

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Townshp..... Primary Registration District No. 1003  
 City St. Louis Mo No. City 4 West 12

File No.....  
 Registered No. 6968  
 St..... Ward.....

**2. FULL NAME**

Adora Harris  
 (a) Residence. No. 1305 Can St. 25 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Harris</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-4-1891</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>—</u>	DAYS <u>9</u>
IF LESS than 1 day, .....hrs. or .....min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Laundry work</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>Wade Thomas</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
14. INFORMANT <u>M. Elizabeth Green</u> (Address) <u>City West 12</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 7-11, 1930, to 7-13, 1930 that I last saw her alive on 7-13, 1930, and that death occurred, on the date stated above, at 10:20 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Embolism  
Acute peral salpingitis  
145A (duration) ..... yrs. .... mos. 1 hr  
148 (duration) ..... yrs. .... mos. 1 ds.  
 CONCOMITANT (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED  
Home  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-12  
(Salpingectomy)  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Clotting  
 (Signed) W. Weather, M. D.  
7/14, 1930 (Address) City West 12

\*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 Memphis Tenn DATE OF BURIAL July 15 1930  
 20. UNDERTAKER Ellis Funeral Home ADDRESS 2820 Stoddard

15. JUL 15 1930 FILED W. E. Stanley REGISTRAR

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.

