

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

Do not use this space.

25418

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 1310)

Registration District No. 791
Primary Registration District No. 1003
Nickory

File No. _____
Registered No. 7654
St. _____ Ward

2. FULL NAME

Henneth Isaac Harris
(a) Residence. No. 1310 Nickory St., 22 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/27/30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. ± 3.0 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 _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ray Harris

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

12. MAIDEN NAME OF MOTHER Bessie Sutton

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

14. INFORMANT Martha Harris
(Address) 1310 Nickory St.

FILED 30 1930 19 Mar C. Foster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-27, 1930, to 7-27, 1930, that I last saw him alive on 7-27, 1930 and that death occurred, on the date stated above, at 7-28-30, 22nd St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

CONTRIBUTORY (SECONDARY) 161 W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. Hubbrey, M. D.
(Address) 1536 Chapin

*State the DISEASE CAUSING DEATH, or in death 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. Cem. DATE OF BURIAL July 31, 1930

20. UNDERTAKER Mullen and Co ADDRESS 5165 Delmar.

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.

