

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

Do not use this space.

41108

**1. PLACE OF DEATH**

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

Registration District No. 791  
Primary Registration District No. 1003 Sanitarium

File No. ....  
Registered No. 11771  
St. .... Ward)

**2. FULL NAME**

Clarence Harris  
(a) Residence. No. 2029 Franklin Bld 13 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 38 yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>38</u>	<u>6</u>	<u>12</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Janitor  
(b) General nature of industry, business, or establishment in which employed (or employer). City Hall  
(c) Name of employer City of St. Louis Mo

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

14. INFORMANT Bernard T. Koon, M. D.  
(Address) 5300 Arsenal St.

15. FILED 16 1935 May C. Starker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 15 1930

17. I HEREBY CERTIFY, That I attended deceased from December 10, 1930, to December 15, 1930 that I last saw him alive on December 15, 1930, and that death occurred, on the date stated above, at 2:20 A.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General paralysis of insane (Syphilis)  
83  
321

(duration) ..... yrs. .... mos. 6 ds. +

CONTRIBUTORY (SECONDARY) 76  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Unknown  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory - Wasserman  
(Signed) Bernard T. Koon, M. D.

1715, 1930 (Address) 5300 Arsenal

\*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

Cabery DATE OF BURIAL 12-17 1930

20. UNDERTAKER C. F. Walton ADDRESS 2701 Stoddard

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.

