

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

Do not use this space.

4013

1. PLACE OF DEATH

County..... Registration District No. **1701**
Township..... Primary Registration District No. **1000**
City..... (No. **City Infirmary**) St. Ward)

File No.
Registered No. **1265**

2. FULL NAME

Louise Harrison
(a) Residence. No. **5800 Arsenal St.** Ward. **13**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 30 1931**

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

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1 1931** to **Jan 30 1931** that I last saw him alive on **Jan 30, 1931**, and that death occurred, on the date stated above at **8:30 p.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **abt 1854**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
730

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 76 Unknown

18. WHERE WAS DISEASE CONTRACTED
Ill (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) **Senility**
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 15'**

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

10. NAME OF FATHER **Thomas Haerty**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF ...
WAS THERE AN AUTOPSY? **no**

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

WHAT TEST CONFIRMED DIAGNOSIS **Aut. & Clinical findings**
(Signed) **F. F. Kumpark**, M. D.

12. MAIDEN NAME OF MOTHER **Louise Walpole**

, 19 (Address) **5800 Arsenal**

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

*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.

14. INFORMANT (Address) **Mrs Effinger**
City Infirmary

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **S. S. Peter & Paul** DATE OF BURIAL **Feb 2 1931**

15. FEB - 1 1931 FILED **1931** REGISTRAR

20. UNDERTAKER **Clementine Co S Grand Blvd** ADDRESS **2217**

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

