

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

Do not use this space.

22996

**1. PLACE OF DEATH**

County..... Registration District No. 591  
 Township..... Primary Registration District No. 183  
 City St. Louis, (No. 5467 Maple Ave) St. .... Ward)

File No. ....  
 Registered No. 6438  
 St. .... Ward)

**2. FULL NAME**

Lottie Harwood  
 (a) Residence. No. 5467 Maple Ave St. .... 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48. 10. 20.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) 235  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Wm J. Hales

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

12. MAIDEN NAME OF MOTHER Ediza Sidles

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

14. INFORMANT (Address) Samuel J. Harwood  
5467 Maple Ave

15. FILED 9 1931 May C. J. Stinson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from May 24 1930, June 8 - June 8, 1931, (that I last saw him alive on June 8, 1931, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Cancer of bile ducts

46E (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46E (duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 24 - 1930

WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Physical exam & hist. tests  
 (Signed) P. B. Keenan, M. D.

June 9, 1931 (Address) 4311550 Grand

\*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 Wredosia Ill. DATE OF BURIAL 6-10 1931

20. UNDERTAKER C. R. Rupton ADDRESS 7449 Olive Street

3/13

2-11 — 7-8.