

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

Do not use this space.

27063

1. PLACE OF DEATH

County _____ Registration District No. **782**
 Township _____ Primary Registration District No. **1003**
 City St. Louis (No. 5247) Delmar St. _____ Ward _____

File No. _____
 Registered No. **8271**

2. FULL NAME

Mary Jane Harris
 (a) Residence, 5247 Delmar Blvd 12 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED OR DIVORCED HUSBAND or (or) WIFE of Isaac M. Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>61</u>	<u>9</u>	<u>1</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Gower
 (STATE OR COUNTRY) _____

10. NAME OF FATHER John Blusky

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT M. J. Harris
 (Address) 5247 Delmar

15. FILED 30 131 1931 W. C. Harkley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 30th, 1931, to July 30th, 1931, that I last saw her alive on July 30, 1931, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastro-Enteritis
GRA
1205
 CONTRIBUTORY (SECONDARY) Mitral Insufficiency
 (duration) 1 yrs. 6 mos. 1 da.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) W. C. Harkley, M. D.
7/30/1931 (Address) 3505 N. 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 Agency, MO DATE OF BURIAL Aug 1, 1931

20. UNDERTAKER Muller, 5165 Delmar
 ADDRESS _____

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.

WHILE FILLING IN WITH ORFADING INSTRUMENTS IS A PERMANENT RECORD

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