

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

Do not use this space.

3216

1. PLACE OF DEATH

County..... Registration District No. 794
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No.) City, Sanitarium St. Ward)

File No.
Registered No. 988
St. Ward)

2. FULL NAME

(a) Residence, No. 10 1428 N. 13th St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7-1885.</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Law address</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
	12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Unknown Louisiana</u>	
FATHER	13. NAME <u>William Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Vicksburg Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u> </u>	
17. INFORMANT (ADDRESS) <u>Herbert P. Smith 5400 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington U.</u> DATE <u>1-25-32</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Ruchter 2500 Rutledge St.</u>		
20. FILED <u>29</u> 19 <u>May</u> <u>St. Louis</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1930, to Jan 19th, 1932. I last saw her alive on Jan 18th, 1932. Death is said to have occurred on the date stated above, at 6:30 P.M.. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Chc Neglrites
131
84
131
Dementia Praecox

Date of onset July 1931
+
1925
+

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Herbert P. Smith, M. D.
(Address) 5400 Arsenal St.

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.

