

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10385

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1000
City Saint Louis (Ne. Barnes Hospital)

File No.....
Registered No. 2428
St. Ward)

2. FULL NAME Howard Harrington

(a) Residence, No. 4457 Cottage St. 11 Ward.

(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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1932

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

22. I HEREBY CERTIFY, That I attended deceased from 2-18-1932, to 3-11-1932.
I last saw h. i. m. alive on 3-11-1932. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7th 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 2 4

Nephritis, acute with Uremia
Streptococcus Hemolyticus Septicemia
Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) work 11. Total time (years) spent in this occupation unk.

Other contributory causes of importance:
Terminal Broncho Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mississippi

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

FATHER 13. NAME James Harrington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

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.

MOTHER 15. MAIDEN NAME Bonny Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

Manner of injury.....
Nature of injury.....

17. INFORMANT (ADDRESS) George Harrington 4457 Cottage Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bernard DATE March 14 1932

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Karl Koning, M. D.
(Address) 600 So Kingshighway

19. UNDERTAKER (ADDRESS) Charles J. Yates 4107 Larned Ave
20. FILED 1932 Registrar.

