

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

Do not use this space.

11042

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No. 10003
 City Saint Louis (No. Esplanade City Hoop St. Ward)

File No.
 Registered No. 3126

2. FULL NAME

Jessie Harrison
 (a) Residence, No. 329th Leclerc St. 9 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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 5 11

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

13. NAME Charles Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Annie Gou

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Dennis Harrison Cal Island Venice Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Washing for Park DATE 4/1 1937

19. UNDERTAKER (ADDRESS) Charles J. Galt 4107 Lindbergh Ave

20. FILED 4 31 1937 Registrar W. C. Starbuck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 27 1932 19

22. I HEREBY CERTIFY, That I attended deceased from No. Physician - attendance 19... to 19...

I last saw h... alive on... 19... Death is said

to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Stab Wound Heart Date of onset

174 Knife

Homicide

Other contributory causes of importance:

Name of operation... Date of... 174 (7)

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? yes Date of injury 3-27, 1932

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home

Nature of injury Stabbed with Knife

Stab Wound Heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Kerner M.D.

(Address) Dep. Coroner

3/30/37

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.

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

