

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

Do not use this space.

14362

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. #4006 Magnolia Pl) St. Ward

File No. 3698

2. FULL NAME

(a) Residence, No. #4006 Magnolia Pl Ward W
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ezekiel Dobbins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1842</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>9</u>	DAYS <u>3</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Macon, Ga.</u>		
FATHER	13. NAME <u>John T. Harrison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Catherine (Unknown)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ga.</u>	
17. INFORMANT (ADDRESS) <u>C. M. Hambright Pl #4006 Magnolia Pl</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson, Tex</u> DATE <u>4/16, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>P. R. Lupton & Sons # 22149 Olive Pl</u>		
20. FILED <u>APR 25 1932</u> <u>W. C. Parker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1929, to 4/15, 1932

I last saw h or alive on 4/12, 1932 Death is said to have occurred on the date stated above, at 6:19 m.

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

Cardio-vascular
renal disease
131 131
Other contributory causes of importance (1)

Date of onset

(Name of operation 0 Date of 4/15)
What test confirmed diagnosis? elms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 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? no
 If so, specify Phle # 1000
 (Signed) 3115 S Grand W M. D.
 (Address)

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.

3185 So. Grand.

1 to 3 Daily