

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

Do not use this space.

17284

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 785  
 Township Bonhomme Primary Registration District No. 6031  
 City Manchester (No. Manchester Mo) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harry C. Has Dean  
 (a) Residence. No. Ashebur Springs Rd. St. \_\_\_\_\_ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-29-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67      5      13

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work P.R. Engineer Ill.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1932, to May 12, 1932 that I last saw him live on May 12, 1932, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Calciferous Head tumor  
92A  
99  
 (duration) 1 yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY Adeno sarcoma (SECONDARY) (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) F. A. S. Soudes, M. D.  
May 12, 1932 (Address) Ballwin Mo

\*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 Manchester Cem DATE OF BURIAL 5/15 1932

20. UNDERTAKER Louis H. Bopp. ADDRESS Herkwood Mo

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER May O Keen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

14. INFORMANT Gladys Dean (Address) Manchester Mo R.R. #1 Valley Park

15. FILED 5/12, 1932 L. E. Borneum, M.D. REGISTRAR

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.

JUN 24 1932

