

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Missouri** No.

Registration District No. **791**
Primary Registration District No. **1003**
City **Hospital**

File No. **18195**
Registered No. **5173**
St. Ward)

2. FULL NAME **Chestel Lawrence Harris**

(a) Residence, No. **2130 S. 4th Street** St., **23** 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 17th, 1931**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**
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) **St. Louis, Missouri**

13. NAME **Earl Harris**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cartersville, Illinois**

15. MAIDEN NAME **Gurthen Wade**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**

17. INFORMANT (ADDRESS) **Earl Harris 2130 S. 4th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew** DATE **May 31st, 1932**

19. UNDERTAKER (ADDRESS) **Wick Bros 2201 S. Grand Street**

20. FILED **MAY 29 1932** **may 8 8:45 am** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27th, 1932**

22. I HEREBY CERTIFY that I attended deceased from **No Physician or Attendant** 19..... to 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **6:00 P.M.**

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

107A
Bronchopneumonia
(Primary)

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

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 **No Injury**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **J. W. Kemner, M.D.**
(Address) **Dep. Coroner**

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.

WHITE PAPER, WITH IMPRINTING INK—THIS IS A PERMANENT RECORD

