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.

34018

File No.

Registered No. 9368

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis M (No. City Infirmary St. Ward)

2. FULL NAME Belle Harrison

(a) Residence, No. 5800 Arsenal St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ unknown ~~Robt Harrison~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1870

7. AGE Years Months Days If LESS than 1 day, ...hrs. or ....min.
Oct 62 — —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 152

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) MISSOURT 1

FATHER

13. NAME Robt Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

MOTHER

15. MAIDEN NAME Nancy Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

17. INFORMANT (ADDRESS) H. Holbrock 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington U DATE 10-21 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger Ct

20. FILED OCT 21 1932 19 Max C Starkloff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 18, 1932

I last saw her alive on Oct 18, 1932. Death is said to have occurred on the date stated above, at 4:55 A.m.

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

	Date of onset
Broncho Pneumonia	10/10/32
92A	
93C	
107A	

① 9200

Other contributory causes of importance:

Chronic Myocarditis and Mitral Insufficiency

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

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

Nature of injury

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

If so, specify

(Signed) Max Starkloff, M. D.

(Address) City Infirmary