

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

Do not use this space.

3704

1. PLACE OF DEATH

County..... Registration District No. 1791
Township..... Primary Registration District No. 400
City St. Louis (No. Rethesda Hospital)

File No.....
Registered No. 659
St. Ward)

2. FULL NAME Minnie B. Harris

(a) Residence, No. 3253 Walter Avenue st., 18 Ward. Maplewood Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Frank L. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 2-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Palmer (STATE OR COUNTRY) Missouri

13. NAME William J. Wilkinson

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

15. MAIDEN NAME Amanda Compton

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

17. INFORMANT Frank L. Harris (ADDRESS) 3253 Walter Avenue

18. BURIAL, CREMATION-OR-REMOVAL PLACE Hiram Pk. Cem. DATE Jan. 20 1933

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1671 Mississippi Ave

20. FILED Jan 18 1933 May C. Harlow Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1933, to Jan 18 1933
I last saw h. alive on Jan 17 1932 Death is said to have occurred on the date stated above, at 3:15 A.M.

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

Cancer of Cervix
Unobstructed
466
Other contributory causes of importance: Obstructed

Name of operation of pyelitis Date of 15th Jan
What test confirmed diagnosis? Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.....
(Signed) Robert Hill, M. D.
(Address) 4500 Olive St

WHITE 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.

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