

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

Do not use this space.

17769

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township _____ Primary Registration District No. 4470
 City University City (No. 6600) Washington Ave St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 600 Washington Ave. Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs 6 mos. 24 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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 27

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

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) Howard Co. (STATE OR COUNTRY) Missouri

13. NAME Oresley Harris

14. BIRTHPLACE (CITY OR TOWN) Moberly (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (CITY OR TOWN) Howard Co. (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mary E. Cray
6600 Washington Ave.

18. BURIAL, CREMATION OR REMOVAL PLACE Franklin Mo. DATE May 2 1933

19. UNDERTAKER (ADDRESS) Shepard Funeral Home
167-69 Hamilton Ave

20. FILED May 2 1933 Lena V. Moeller
 D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 - 1933 to May 1 - 1933
 I last saw him alive on Apr 28 - 1933. Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
131
102
131
 Other contributory causes of importance:
Hypertension
 Date of onset (P)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) 607 N. Grand St.

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.

MIN 23 1933

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[Signature]

