

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

Do not use this space.

18574

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 13
 City St. Louis, Mo. (No. 13), Sanitarium St. Ward)

File No.
 Registered No. 5585
 St. Ward)

2. FULL NAME

Willis Harris
 (a) Residence, No. 531 So. Ewing Ave. 13 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>0</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1905</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>-</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sanatobia Mississippi</u>		
FATHER	13. NAME <u>Eugene Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sanatobia Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Lizzie Franklin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mississippi</u>	
17. INFORMANT (ADDRESS) <u>Bernard T. Kousser 5300 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis U.</u> DATE <u>6-6-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Richter 3500 Rymer St.</u>		
20. FILED IN <u>11-19-33</u> <u>J. B. Sedick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1932, to May 28, 1933
 I last saw him alive on May 27, 1933. Death is said to have occurred on the date stated above, at 6:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Right upper lobe) Date of onset 5/11/33
108
108

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis Clinical & X-ray. Was there an autopsy? Yes

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) Bernard T. Kousser, M. D.
 (Address) 5300 Arsenal St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

28
2
2

