

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 003

City St. Louis (No. 3029)

St. Thomas

24643

File No.

Registered No. 6039

St.

Ward)

2. FULL NAME

(a) Residence, No. 3029 Thomas St., M Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893-5-3

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>40</u>	<u>1</u>	<u>29</u>	

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

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 2

12. BIRTHPLACE (CITY OR TOWN) Artaria (STATE OR COUNTRY) Miss

13. NAME Edw. Harris

14. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)

15. MAIDEN NAME Mary Wheeler

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

17. INFORMANT Mattie Harris (ADDRESS) 3029 Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvin Dickson DATE 7-11 1933

19. UNDERTAKER Walter (ADDRESS) 2409

20. FILED! 11 1933 19 J. B. Beck Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1933, to July 2 - 1933

I last saw him alive on July 2, 1933. Death is said to have occurred on the date stated above, at 2 P m.

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

Heat Exhaustion Date of onset July 2 1933

Other contributory causes of importance: 305

Name of operation Clinical symptoms
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?

If so, specify J. B. Walthall M. D.
(Signed) 1001 N. Jefferson (Address)

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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