

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Enroute to City Hospital #2a**) Ward)

File No. **6995**
 Registered No. **1873**

2. FULL NAME

Homer Harris
 (a) Residence, No. **1739² Division** St. **25** 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal Harris		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1902		
7. AGE YEARS about 32	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber		
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) (STATE OR COUNTRY) Birmingham Ala.		
13. NAME John Harris		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.		
15. MAIDEN NAME Haddie Berry		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.		
17. INFORMANT Will Mathews (ADDRESS) 2239 Chouteau ave.		
18. BURIAL, CREMATION, OR REMOVAL Washington Park DATE 2/22 19 34		
19. UNDERTAKER Wm C. McLowell (ADDRESS) 3511 Franklin Ave.		
20. FILED FEB 22 1934 J. H. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH
No info seen in certificate

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 2** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **7:30 pm**.
 The principal cause of death and related causes of importance were as follows:
stab. Wound of Heart; Hemorrhage into pericardium
Homicide
 Date of onset

Other contributory causes of importance:
174

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **homicide** Date of injury 19.....
 Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Stab Wound**
 Nature of injury **Hemorrhage**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **J. H. Brebeck**
 (Address) **St. Louis Mo.**

2/22/34

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

FEB 27 1957