

MAY 25 1934

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. 791

Township .....

Primary Registration District No. 1003City St Louis (No. 1051)City St Louis (No. 1051)File No. 14705Registered No. 3894

## 2. FULL NAME

(a) Residence, No. 4432  
(Usual place of abode)Baby Harkin Sr. Ward. 10

Length of residence in city or town where death occurred

8 mos. 8 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/17/34</u>		
7. AGE	YEARS <u>X</u>	MONTHS <u>0</u>
	DAYS <u>8 hrs</u>	IF LESS than 1 day, <u>8</u> hrs. or <u></u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>St Louis Mo</u>		
FATHER	13. NAME <u>Frank Harkin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Harkin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>	
17. INFORMANT <u>Walter D. Harkin</u> (ADDRESS) <u>City St Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Culman</u> DATE <u>April 18 34</u>		
19. UNDERTAKER (ADDRESS) <u>Walter D. Harkin</u>		
20. FILED <u>4/17</u> 19 <u>34</u> <u>J. Bredeck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4/17</u> 19 <u>34</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4/17</u> 19 <u>34</u> , to <u>4/17</u> 19 <u>34</u> . I last saw her alive on <u>4/17</u> 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>10:20</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Prematurity</u> Date of onset
Other contributory causes of importance: <u>159</u>
Name of operation <u>none</u> Date of
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify (Signed) <u>Walter D. Harkin</u> M. D. (Address) <u>City St Louis</u>

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.

