

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

Do not use this space.

17933

1. PLACE OF DEATH  
 County St. Louis Central Registration District No. 785  
 Township North Harrison Primary Registration District No. 3037  
 City Herkwood (No. Denny & Manchester Rds St. 119 Ward)

2. FULL NAME Mary Jane Harrison 4th house n of Manchester  
 (a) Residence, No. Denny Rd St. 119 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. N. Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1848

7. AGE YEARS 91 MONTHS 7 DAYS 28 IF LESS than 1 day, ..... hrs. or ..... min.

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

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) Tennessee

13. NAME Eli Rhea

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

15. MAIDEN NAME Jennie Sisardt

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

17. INFORMANT W. N. Harrison (ADDRESS) Denny Rd Herkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 5-9-1934

19. UNDERTAKER Louis N. Bopp (ADDRESS) Herkwood

20. FILED 5-8, 1934 Emel J. Ngale Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1934

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1934, to May 7th, 1934. I last saw her alive on May 4th, 1934. Death is said to have occurred on the date stated above, at 12:25 P.M.

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

Pneumonia (Lobar) May 3rd

109

108

Other contributory causes of importance: Old age

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) Henry J. Dierckhaus, M. D.  
 (Address) 1250 A. Daves. Herkwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1934



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

Do not use this space.

**CORRECTED**

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Werkwood

Registration District No. 785  
Primary Registration District No. 3037  
(No. Denny v. Manchester Rd St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 119

**2. FULL NAME**

(a) Residence, No. Mary Jane Harrison Denny 4th house north of Manchester St. \_\_\_\_\_ Ward.

(Usual place of abode)

(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 ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>88</u>	<u>1</u>	<u>7</u>	<u>28</u>

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

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) Clinton Tennessee

13. NAME Eli Rhea

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

15. MAIDEN NAME Jessie Spesard

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

17. INFORMANT Dr. H. R. Harrison (ADDRESS) Denny Rd Werkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE 5-9-1934

19. UNDERTAKER Louis T. B. Jap (ADDRESS) Werkwood

20. FILED 5-28 1934 Unrel. J. G. M. G. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1934

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

Pneumonia (lobar) May 3rd  
Old aged  
**CORRECTED**

Other contributory causes of importance: \_\_\_\_\_  
Name of operation none 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?  
If so, specify \_\_\_\_\_  
(Signed) Henry A. DeWitt, M. D.  
(Address) 125 E. Adams, Werkwood

Exact statement of OCCUPATION is very important.

S-17933