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.

JUN 19 1934

#12749

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 18913
Registered No. 5429

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Infirmary St. Ward)

2. FULL NAME Rebecca Harris

(a) Residence, No. City Infirmary St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): X X 1865

7. AGE: Years: abt. 69 | Months: X | Days: X | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): X Tennessee

FATHER

13. NAME: Alfred Doss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington D.C.

MOTHER

15. MAIDEN NAME: Lucy ? (unk.)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X Tennessee

17. INFORMANT: J. G. Sullivan
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis U DATE 5-23, 1934

19. UNDERTAKER: Walter Richter
(ADDRESS) 3500 Gustav St.

20. FILED V 3 1934, 19 J. J. Bedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1934, to May 20, 1934
I last saw her alive on May 20, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Hemiplegia Left (Cause unknown)

Name of operation: None. Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Give 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) John Scheuermann, M. D.
(Address) 5800 Arsenal