

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

21872

Township.....

Primary Registration District No.....

1003

File No.....

Registered No.....

5611

City.....

(No. ....)

St. Louis (No. 1208 N. Newstead Ave.)

St. ....

Ward.....

2. FULL NAME

(a) Residence, No. 1208 N. Newstead Ave. 11 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 *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 6 - 1922*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*12 6 1*

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

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) *St. Louis Missouri*

13. NAME (Father) *Leiston Harrison*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*

15. MAIDEN NAME (Mother) *Anna Spawall*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*

17. INFORMANT (ADDRESS) *Wm. B. ... 1208 N. Newstead*

18. BURIAL CREMATION, OR REMOVAL PLACE DATE *Greenwood Cem. 6/5 1934*

19. UNDERTAKER (ADDRESS) *WADE FUNERAL HOME 4202 FINNEY AVE.*

20. FILED *5/13/34 J. H. ... Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 10th 1934*

22. I HEREBY CERTIFY that I attended deceased from *May 5 1934 to June 1 1934*

I last saw him alive on *June 1st 1934* Death is said

to have occurred on the date stated above, at *3:00 a.m.*

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

*Pulmonary Tuberculosis* Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *X-Ray* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) *J. E. Moore*, M. D.

(Address) *809 E. Jefferson*

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

1984-6  
1983-6-12

12 30  
1984-6-6  
1922-12-6  
11-5-20