

**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. **1003**
City *St. Louis, Mo.* (No. *2945 Lawton Ave. City Hospital*) Ward

File No. **22490**
Registered No. **6316**

2. FULL NAME

Samie Harris
(a) Residence, No. *3035 St. Salle St.* *27* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jimmy Harris</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>4/25/1915</i>		
7. AGE	YEARS	MONTHS
	<i>19</i>	<i>2</i>
		DAYS
		<i>1</i>
		IF LESS than 1 day, hrs. or 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. <i>Housewife</i>	
	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) <i>Columbus, Miss.</i>		
FATHER	13. NAME <i>Walter Cruise</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss.</i>	
MOTHER	15. MAIDEN NAME <i>Georgia Cannon</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss.</i>	
17. INFORMANT (ADDRESS) <i>Either Mary Howard 2945 Lawton Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Dixon</i> DATE <i>6/30</i> 19 <i>47</i>		
19. UNDERTAKER (ADDRESS) <i>English and Co 2931 Locust St</i>		
20. FILED <i>19 30</i> <i>J. B. Redick</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/26/1934*

2. I HEREBY CERTIFY, That I attended deceased from *5-17-1934* to *6-26-1934*

I last saw her alive on *6-26-1934*. Death is said to have occurred on the date stated above, at *2:45 P.m.*

The principal cause of death and related causes of importance were as follows:
Solar Insomnia Date of onset: *5-17-34*

Other contributory causes of importance:
108

Name of operation..... 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?..... 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) *L. S. Brown*, M. D.
(Address) *2945 Lawton Ave.*

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.

