

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

Do not use this space.

22645

1. PLACE OF DEATH

County..... Registration District No. 222
 Township..... Primary Registration District No. 1
 City St. Louis, Mo. (No. Peoples Temp. Street) (Ward) One

File No. 6482
 Registered No. 6482

2. FULL NAME

John E. Harrison

(a) Residence No. 4355 Cook St. 11 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 14

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

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) 1934 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME William H. Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va.

15. MAIDEN NAME Cornelia Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.

17. INFORMANT (ADDRESS) Joe Davis
4355 Cook

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE July 2 '34

19. UNDERTAKER (ADDRESS) J. H. Harrison
2906 Fowler Ave.

20. FILED 11-19-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

22. I HEREBY CERTIFY, that I attended deceased from Burks Ave., 19... to June 28, 1934, 19...

I last saw him alive on June 28, 1934. Death is said to have occurred on the date stated above, at 12:35 AM

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

Heart Exhaustion Date of onset

with 44

(Cancer of descending colon)

Other contributory causes of importance:

Rash operation Colonic Fibrosis of a Respiratory Malnutrition

Name of operation Exploratory laparotomy Date of 6/27/34

What test confirmed diagnosis Phys. Ex. etc. Was there an autopsy? Yes

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

Accident, suicide, or homicide? X 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 J. S. Foxe et al

(Signed) J. S. Foxe et al, M. D.

(Address) 2900 Market

Registrar.

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.

DEPARTMENT RECORD

11-19-34

529

68

82

