

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

Do not use this space.

8039  
30781

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City *St Louis mo* *St Marys* ..... St. .... Ward)

2. FULL NAME *Lena Harris*

(a) Residence, No. *325 S. Ewing* St. *18* 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**

3. SEX *F* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *not known*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*about 54*

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

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) *Tenn*

13. NAME *Robert Mc Keeher*

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

15. MAIDEN NAME *Addie ?*

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

17. INFORMANT *James Harris*

(ADDRESS) *325 S. Ewing ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Greenwood* DATE *aug 6* 1934

19. UNDERTAKER *A. L. Beal and co*

(ADDRESS) *2720 Lucas ave*

20. FILED *AUG 6 1934* *J. F. Bredel* Registrar.

**B MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/2* 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at *1:55* p.m.

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

*Acute Obstruction small intestine (Strangulation) (Meckel's Diverticulum)*

Other contributory causes of importance: *131*

*Chro. Pancreatitis*  
*Nephritis*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Joseph Debus*

(Address) *St Louis*

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.

Beever

C  
Mr Beever