

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

Do not use this space.

31450

1. PLACE OF DEATH

County..... SEP 13 1934 Registration District No..... 791
Township..... Primary Registration District No..... 1003
City..... St Louis, Mo. (No. 1934 January 1934)

File No.....
Registered No. 8771
St..... Ward.....

2. FULL NAME JERRY HARNER

(a) Residence, No. 1334 January St. Ward. 4
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
43 - 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Subst 2 unemployed
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) Missouri

FATHER
13. NAME W. D. Harner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mary L. Grand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Anney Ellis
(ADDRESS) 1334 January

18. BURIAL, CREMATION, OR REMOVAL PLACE Delmar, Mo. DATE Sept 1 1934

19. UNDERTAKER A. H. McLaughlin
(ADDRESS) 2301 Euclid Ave

20. FILED NOV 31 1934 J. B. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934, to Aug 30 1934.
I last saw him alive on Aug 31 1934. Death is said to have occurred on the date stated above, at 9:30 PM.
The principal cause of death and related causes of importance were as follows:

acute bronchial pneumonia following a very heavy cold and bronchitis
Date of onset 10/4/34

Other contributory causes of importance: none

Name of operation none Date of 107A
What test confirmed diagnosis? none 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) Admiral M. D.
(Address) 7185 Manchester Av.

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.

