DEC 13 1934

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

Do not use this space.

38083

791

1003

File No.

Registered No. 10712

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

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

2. FULL NAME Ben Harvey

(a) Residence, No. 1249 N 8th St. St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 138

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 138

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER

13. NAME Irvin Harvey

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

MOTHER

15. MAIDEN NAME Anna Greer

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

17. INFORMANT (ADDRESS) Esther Mayo Sherard 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson Bur DATE 11-8 1934

19. UNDERTAKER (ADDRESS) Ellis Funeral House 2820 Stoddard St.

20. FILED NOV -8 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1934, to 10-30, 1934

I last saw him alive on 10-30, 1934. Death is said to have occurred on the date stated above, at 1:50 P m.

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

Generalized Peritonitis following Supra Pubic Cystotomy

Date of onset 10-8-34

1348

Other contributory causes of importance:

operation for removal of stone in bladder

Name of operation Lithoplasty Date of 11th Oct

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) J. Owen Blache, M. D.

(Address) City Hospital #2

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.