

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.

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township
City ST. LOUIS

Registration District No. 791

Primary Registration District No. 1003

(No. 4321 Maffett)

File No. 40935
Registered No. 10879
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4321 Maffett 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23-1864</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>5</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ST LOUIS Mo.</u>
	13. NAME <u>Martin Harris</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Caroline Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va.</u>
17. INFORMANT (ADDRESS) <u>Ida Harris 4321 Maffett</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Day</u> DATE <u>Nov. 16-1934</u>	
19. UNDERTAKER (ADDRESS) <u>C. Young</u>	
20. FILED <u>NOV 15 1934</u> <u>J. H. [Signature]</u> Registrar.	

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-4-1934 to 11-9-1934

I last saw him alive on 11-9-1934 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset 11-9-34
Chronic Hypertension Date of onset 11-4-34

Other contributory causes of importance:
Chronic Hypertension

Name of operation _____ Date of _____

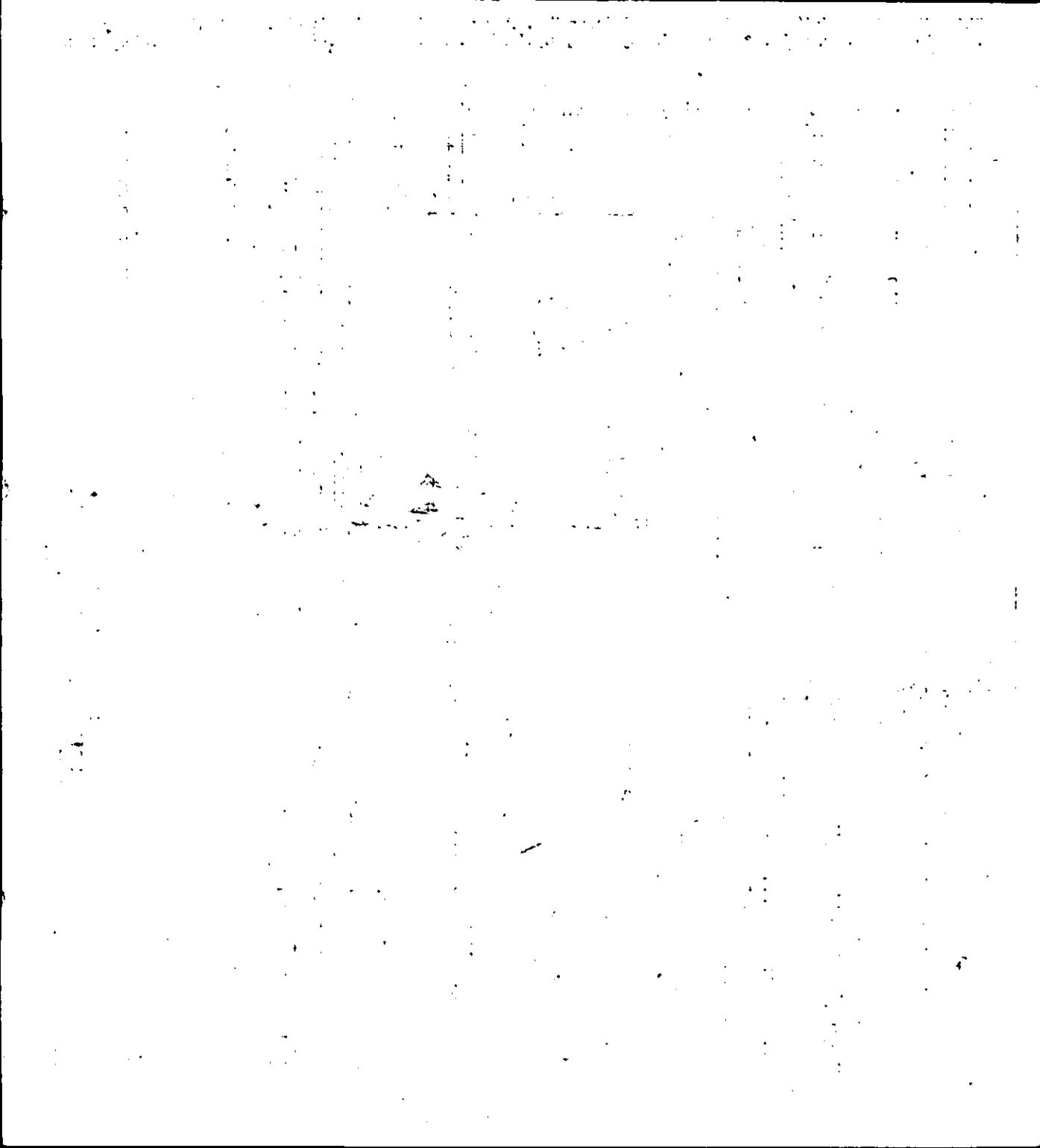
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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? no
If so, specify _____

(Signed) J. H. [Signature] M. D.
(Address) 809 N. Jefferson



MAY 17 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City

St. Louis

(No.)

St.

Ward)

2. FULL NAME

Lauris Harris

(a) Residence, No.

St.

Ward.

(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

B

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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

70

5

16

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

19. UNDERTAKER
(ADDRESS)

20. FILED

19

MAY 16 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from

to , to , 19 .

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

to have occurred on the day stated above, at..... m.

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

Date of onset

Pulmonary hemorrhage
due to pleurisy with
emphysema
of the heart.

Other contributory causes of importance:

Chronic myocarditis
Chronic nephritis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (accident, 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. G. Moore, M. D.

(Address)

809 N. Jefferson

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 23 1935

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