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.

DEC 3 1934

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

Do not use this space.

41267

File No. 11252

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. X

City St. Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Emma Harris

(a) Residence, No. 4417 - Garfield St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7th 1869

7. AGE: YEARS 65 MONTHS 5 DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

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. House work
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.

FATHER
13. NAME: Mathew Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Anna Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Ruby Perdeau 2945 - Lawton St.

18. BURIAL, CREMATION, OR REMOVAL: Lot Rd. Cem
PLACE: ~~Greenwood~~ DATE: Nov 27 1934

19. UNDERTAKER (ADDRESS): J D Richardson 2600 N. Jefferson ave

20. FILED: NOV 26 1934 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1934, to 11 - 22nd, 1934
I last saw her alive on 11 - 22nd, 1934. Death is said to have occurred on the date stated above, at 5:55 p.m.
The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis Chronic.
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....
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) Jno A. Williams, M. D.
(Address) 2743 Franklin ave

10DM-11-24-33