07

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.

4 1935

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

Do not use this space.

44533

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11641

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME John C Harris

(a) Residence No. Sappington Road & Watson Ward. NR (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1876

7. AGE: YEARS 58 | MONTHS 4 | 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. Labor
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) Richland Missouri

FATHER
13. NAME Edward Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Katie B Harris Sappington & Watson Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Lukes cemetery DATE 12-10 1934

19. UNDERTAKER (ADDRESS) LOUIS H BOPP Louis H Bopp Kirkwood Wis

20. FILED 8 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8/1934

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 12 07 A.m.

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

Fred Skull & Edema of brain
Traumatic amputation of right foot rec'd when run over by street car on right of way while deceased was repairing same.

Date of onset

Other contributory causes of importance:

Criminal Carelessness.

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? Criminal Carelessness Date of injury 12/6/1934
Where did injury occur? St Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Hit by street car.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify see above.
(Signed) Harold Skull, MD.
12/8/34 (Address) Depot