

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

Do not use this space.

OCT 23 1935

791
1003

31037

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis - 500 S. Kings Highway - St. Louis Childrens Hospital (Ward)

File No.....
Registered No. 7832

2. FULL NAME William Harvey

(a) Residence, No. 3729 Windsor 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 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-24

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 1 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO

FATHER
13. NAME Ethelbert Harvey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO

MOTHER
15. MAIDEN NAME Sammie Ewing

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

17. INFORMANT J. Mc. Ewin
(ADDRESS) 501 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Sept 18 1935

19. UNDERTAKER Antha
(ADDRESS) 1021 N. Whittier

20. FILED SEP 18 1935
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-35

22. I HEREBY CERTIFY, That I attended deceased from 9-3-35, 19... to 9-14-35, 19...
I last saw him alive on 9-14-35, 19... Death is said to have occurred on the date stated above, at 11:00 P.m.

The principal cause of death and related causes of importance were as follows:
Banti's Disease?
Arteriosclerosis of liver
Splenomegaly
Pancreatitis
Other contributory causes of importance: 12/4/35

Name of operation Exploratory Laparotomy Date of 9-14-35
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 R. J. Blather M. D.
(Signed) _____
(Address) 500 S. Kings Highway

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.

