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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.

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

Do not use this space.

DEC 12 1935

37705

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *Mar. City Hosp. No. 2,*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **9679**
Registered No. **9679**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *209 S. 16th St.* St. *22* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 21 - 1899*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *36 2 24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
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) *Edw. Harmon*
13. NAME *Edw Harmon*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*
15. MAIDEN NAME *Mary Perkins*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT (ADDRESS) *Edw Harmon 209 S 16th St*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickreus* DATE *11-11-35*

19. UNDERTAKER (ADDRESS) *WATSON and Son 2769 CHOUTEAU AVE*
20. FILED *NOV 19 1935* Registrar. *J. Brebeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/15/35*
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him..... alive on....., 19____. Death is said to have occurred on the date stated above, at *552* m. *163*
The principal cause of death and related causes of importance were as follows:
Date of onset

Dilatation (Pulmonary Edema Pneumonia) following live poison self administered
Other contributory causes of importance:
One street front of 106 W. 2nd Street, 3/22/35 at 8:12:15 P.M.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *suicide* Date of injury *3/22/35*
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Public Place*
Manner of injury *Poison*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) *Harold G. Clark* M. D.
(Address) *Dupper*

