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 12 1935

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

Do not use this space.

37741

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9716

City St. Louis (No. 5143 Ridge Ave. St. ..... Ward)

2. FULL NAME Alice N. Harris

(a) Residence, No. 5143 Ridge Ave. St., 6 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: Female
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 William E. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-5-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Salt Lake City Utah

FATHER

13. NAME William Dinwoody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrington England

MOTHER

15. MAIDEN NAME Sophia Needham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrington England

17. INFORMANT (ADDRESS) Alfred M. Harris 5935 Kingsbury Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefountaine DATE Nov. 21 1935

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED NOV 20 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Nov 18, 1935

I last saw her alive on Nov 18, 1935. Death is said to have occurred on the date stated above, at 4:20 P.m.

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

Carcinoma of Colon — Date of onset Jan. 1935

46

Other contributory causes of importance: Senility

Name of operation none 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? ..... 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) M E Jones, M. D.

(Address) 4500 Clinton St

100M-3-28-35

Listen Rdtg. from 2 to 4.