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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 12 1935

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

Do not use this space.

37983

File No.

Registered No. 9995

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County: Missouri

Township:

City: St. Louis (No. De Paul Hospital St. Ward)

2. FULL NAME: Omar F. Harris

(a) Residence, No. 5546a Hebert St. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 16 - 1891

7. AGE: Years 44 Months 10 Days 10 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.: Carpenter

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): Sullivan Ill.

FATHER

13. NAME: Charles Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER

15. MAIDEN NAME: Martha Lunsford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Martha Brewer 5546a Hebert St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Memorial Park DATE: Nov. 29, 1935

19. UNDERTAKER (ADDRESS): John A. Gentleman 5027 Delmar Av.

20. FILED: NOV 28 1935, 19.... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Nov 26, 1935

I last saw him alive on Nov 26th, 1935, Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
Brain abscess	Oct 6/35
Otitis media, chronic purulent. S.O.S.	1935

Other contributory causes of importance:

Brain abscess non TB
Non Traumatic cause but
Chronic Mastoiditis

Name of operation: Radical Mastoid Date of: 11/22/35

What test confirmed diagnosis? Clinical and path. Was there an autopsy? Yes

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) Thomas P. Lanton, M. D.

(Address) 2243 N Grand