FEB 11 1936

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

Do not use this space.

3808

1. PLACE OF DEATH ST. MARY'S INFIRMARY 791

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1073

City St. Louid, Mo. (No. 1536, Papin St. St. ..... Ward)

2. FULL NAME Son Harvey

(a) Residence, No. 3043 Marnice Pl. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Minor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
01	11	20	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER

13. NAME J. C. Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?? Arkansas

MOTHER

15. MAIDEN NAME Odelia Still
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?? Mississippi

17. INFORMANT (ADDRESS) Rocord Room Clerk, St. Mary' Inf. 1536 Papin St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan 30 1936

19. UNDERTAKER (ADDRESS) David Van Lassan City Hosp #1

20. FILED JAN 29 1936 19 J. W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1935 to January 4, 1936

I last saw him alive on Jan. 4, 1936 Death is said to have occurred on the date stated above, at 2:13 A.M.

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

	Date of onset
Empyema, left	
Toxemia	
Lobar Pneumonia, left	

Other contributory causes of importance:

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? ..... 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 .....

(Signed) James E. Jackson M.D.

(Address) 1536 Papin St

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.