FEB 26 1936

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

Do not use this space.

7929

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 1599

City St Louis (No. 4539, Gibson Av St. ..... Ward)

2. FULL NAME Wm James Harrison

(a) Residence, No. 4539 Gibson St., 18 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: 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~~ May Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13-1853

7. AGE: YEARS 82 MONTHS 4 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad (Mo Pacific)
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Wm Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Ben Harrison 4539 Gibson

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Feb 13, 1936

19. UNDERTAKER (ADDRESS) Colith C Amberster 4234 Manchester Av

20. FILED FEB 13 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1924, to Feb 10, 1936

I last saw him alive on Feb 10, 1936 Death is said to have occurred on the date stated above, at 11 40 pm.

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

	Date of onset
Chronic Myocarditis	?
Complete Heart Block	?

Other contributory causes of importance:

Partial Intestinal obstruction Nov 1935
nature of which was never determined

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Exam. Xray E.K.G. 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 .....

(Signed) Chas B Keeble, M. D.

(Address) 1657 S. Grand

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.

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[illegible] 10-12