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.

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. City Inf St. ..... Ward)

File No. 13363

Registered No. 3463

2. FULL NAME Albert A. Harris

(a) Residence, No. City Infirmary St., D-1 Ward. 13 (If nonresident, give city or town and State)
(Usual place of abode) 5-8 00 Arsenal

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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Birdie Harris ~~Single~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1870

7. AGE: ~~1860~~ YEARS: ~~70~~ 66 MONTHS: ~~4~~ DAYS: ~~3~~ 11 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

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) Missouri

FATHER

13. NAME Robert Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Lillie Hopes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Missouri

17. INFORMANT (ADDRESS) E. Molony 5-8 00 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield Mo DATE Mar. 31st 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoffe Inc 429 N. Euclid Ave

20. FILED MAR 30 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1925 to March 28, 1936

I last saw him alive on March 28, 1936 Death is said to have occurred on the date stated above, at 5-30 a.m.

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

Hypertensive heart disease, with old right hemiplegia Results of Cerebral Apoplexy

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) C. E. Smith, M. D.

(Address) 5 200 Arsenal St. Louis Mo