

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

Do not use this space. 0

16831

MAY 27 1936

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 6033A
 City St. Louis No. St. Louis County Hospital St. _____ Ward _____

2. FULL NAME Wm Harris
 (a) Residence, No. Ben Park Ho. State Courts Ward. Two
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 170
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 57

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-30-36, 19____, to 4-24-36, 19____
 I last saw h. i. m. alive on 4-24-36, 19____. Death is said to have occurred on the date stated above, at 4 m.
 The principal cause of death and related causes of importance were as follows:
Sub. Ac. Bacterial Endocarditis?
Stilicary Tubercu.
Pulmonary Infest.

Other contributory causes of importance:
Old Otitis media of R. E. 20 yrs.

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

13. NAME Hennis Harris

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Leona Young
 (ADDRESS) 3871 Windsor St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood DATE 4/29, 1936

19. UNDERTAKER W. Roberts and Co
 (ADDRESS) 3036 Lucas Ave.

20. FILED Apr 29, 1936 Dr. C. J. Sigorelli
 Registrar.

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) Frank H. Harrison, M. D.
 (Address) St. Louis County Hospital

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.

