

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.

MAY 7 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** (No. **2213**....., **Missouri** Ave..... St. Ward)

File No. **17674**
Registered No. **4457**

2. FULL NAME **Cora Bell Harkins**

(a) Residence, No. St., **23** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF, (OR) WIFE OF Widow of Joseph C. Harkins		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1866		
7. AGE YEARS 70.	MONTHS 7	DAYS 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 23, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **April 17, 1936**, to **April 23, 1936**
I first saw her alive on **April 23, 1936** Death is said to have occurred on the date stated above, at **11:45 A. m.**
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis
Chr. Atherosclerotic degeneration of aorta
Emphysema
Hypostatic pneumonia (Right lobe type)
Scurvy

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? **No**
If so, specify.....
(Signed) **W. H. Prueger, M. D.**
(Address) **705 N. Kingshighway St. St. Louis Mo.**

Date of onset **4/17/36**
4/20/36
4/23/36

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

13. NAME **Daniel Harkins**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Un Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Un Known**

17. INFORMANT **B. S. Harkins**
(ADDRESS) **2213 Missouri**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Jefferson City Mo** DATE **April 27, 1936**

19. UNDERTAKER **W. H. Prueger**
(ADDRESS) **2301 Lafayette**

20. FILED **APR 23 1936** **J. P. Bredeck**
Registrar.

