

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.

11111  
JUN 6 1936

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

791  
1003

Do not use this space.

21332

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis No. 4660 Page

File No.....  
Registered No. 5545  
St. .... Ward)

2. FULL NAME

M. Josephine Harris  
(a) Residence, No. 4660 Page St. 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas H Harris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 - 1849</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>11</u>	DAYS <u>23</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	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) <u>Lincoln Co Mo.</u>				
MOTHER FATHER	13. NAME <u>Wm Muefer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>			
	15. MAIDEN NAME <u>(unk) Wilson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>			
17. INFORMANT <u>Mrs. Pritchett Harris</u> (ADDRESS) <u>1240 Westwoodland, Clayton Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tray, Mo</u> DATE <u>May 28, 1936</u>				
19. UNDERTAKER <u>Louis H. Bopp</u> (ADDRESS) <u>131 W. Raymond</u>				
20. FILED <u>MAY 27 1936</u> <u>J. F. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1919, to May 25<sup>th</sup>, 1936  
I last saw her alive on May 25<sup>th</sup>, 1936. Death is said to have occurred on the date stated above, at 4:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Hemorrhage Central  
Arterio sclerosis  
Paralysis trigemini  
Date of onset

Other contributory causes of importance:  
Arterio sclerosis  
Paralysis trigemini

Name of operation none Date of .....

What test confirmed diagnosis? Physical 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) J. J. Meredith, M. D.  
(Address) 1259 N. Kingshighway

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