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.

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

AUG 18 1936

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29210

Township ..... Primary Registration District No. 1002 Registered No. 7993

City St. Louis, Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Mattie Harris

(a) Residence, No. 2940 Thomas St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19, 1906

7. AGE: YEARS 29 | MONTHS 8 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lwf
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): Wheeler Springs Arkansas

FATHER

13. NAME: Will Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeler Springs Ark.

MOTHER

15. MAIDEN NAME: Mary Byrd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wheeler Springs Arkansas

17. INFORMANT (ADDRESS): Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk DATE July 30 1936

19. UNDERTAKER (ADDRESS): Harry Wright 3100 Easton ave

20. FILED JUL 29 1936 G F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-13-, 1936 to 7-26-, 1936

I last saw her alive on 7-26-, 1936. Death is said to have occurred on the date stated above, at 6:40 p. m.

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

	Date of onset
Pulmonary Tuberculosis	6-13-36

Other contributory causes of importance: J B

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. L. Lewis, M. D.

(Address) City Hosp. #2