

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. **791**
1003
Primary Registration District No.
(No. American Hospital.....)

File No. **32849**
Registered No. **8729**
St. Ward)

2. FULL NAME Hazel Harris

(a) Residence, No. 5465 Cabanne Ave., St. Louis, Mo. 5
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 18, 1909

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Home
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) Fisk Missouri

FATHER 13. NAME Robertson Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

MOTHER 15. MAIDEN NAME Myrtle Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Iowa

17. INFORMANT Marvin E. Harris
(ADDRESS) 5465 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Park DATE 8-24-36

19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 423 1/2 Manchester

20. FILED AUG 23 1936
J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Aug 17, 1936, to Aug 21, 1936
I last saw her alive on Aug 21, 1936 Death is said to have occurred on the date stated above, at 9.00 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Peritonitis
& Ruptured Piles appendix
Other contributory causes of importance:
121

Name of operation Appendectomy Date of Aug 27 36
What test confirmed diagnosis? Physical Was there an autopsy? no
& laboratory

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) Walter B. Hart, M. D.
(Address) 2800-21 Taylor

Collap-6852-

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.

