

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.

DEC 3 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. St. Anthony Hosp) St. _____ Ward _____

43067
File No. _____
Registered No. 11642
St. _____ Ward _____

2. FULL NAME Julia Harrington

(a) Residence, No. 2710 S. Grand Blvd. St., 17 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 <u>WIDOWED</u> (OR) WIFE OF <u>Thomas F.</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6th, 1858</u>			
7. AGE YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>16</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>At Home</u>		
	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 _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
FATHER	13. NAME <u>Joseph Bowles</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	15. MAIDEN NAME <u>Anne McDaniels</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Thomas Harrington</u> (ADDRESS) <u>4015 Hydolic Ave</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>St Paul Cent Penton Mo Nov 25th</u>			
19. UNDERTAKER <u>Harrigan & Sheehan Und Co</u> (ADDRESS) <u>4415 Washington Blvd.</u>			
20. FILE NO. <u>NOV 24 1936</u> <u>J.P. Bredeck</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-2-, 1936, to 11-22-, 1936
I last saw her alive on 11-22-, 1936. Death is said to have occurred on the date stated above, at 11:45 AM
The principal cause of death and related causes of importance were as follows:
Lung abscess
93 C
Date of onset 11/12

Other contributory causes of importance:
Brachio-pneumonia 11/1
Ch. myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) W.F. Keen, M. D.
(Address) 3115 P. Grand

Dr. McLean
Secretary of Board of