

DEC 30 1936

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

Do not use this space.

43373

1. PLACE OF DEATH

County St. LouisRegistration District No. 1160

Township.....

Primary Registration District No. 4470City University City(No. 7199 Forsythe Blvd.)

File No.....

Registered No. 107

St. Ward)

Louis Grayson Harney,

2. FULL NAME

(a) Residence, No. 7199 Forsythe blvd.

St. 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lela Workman Harney6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879-4-28

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>6</u>	<u>18</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Physician</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) Auburn, Ill.
(STATE OR COUNTRY)13. NAME A. A. Harney,14. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)15. MAIDEN NAME Emme C. Hart,16. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)17. INFORMANT Lela W. Harney
(ADDRESS) 7199 Forsythe Blvd.18. BURIAL, CREMATION, OR REMOVAL
PLACE Auburn, Ill. DATE 11/18/36 19.19. UNDERTAKER W. H. ...
(ADDRESS) Clayton rd. at Concordia Lane20. FILED Nov 19 1936 Lena D. Moeller
St. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16th, 193622. I HEREBY CERTIFY, That I attended deceased from
Nov 20, 1936 to November 16th, 1936I last saw him alive on November 16th, 1936 Death is said
to have occurred on the date stated above, at 9:30 P.

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

Coronary OcclusionDate of onset
2/1/35

Other contributory causes of importance:

HypertensionName of operation none Date of
What test confirmed diagnosis? EKG Was there an autopsy? no23. 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) Rakusella M. D.
(Address) 3720 Washington blvd.

MAR 1 1950