

**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 (No. 1008)

Registration District No. 38 1937 791
Primary Registration District No. 1008
CITY HOSPITAL

File No. 3255
Registered No. 281
St. Ward

2. FULL NAME HARRY HARBOUR

(a) Residence, No. 5460 WREN AVE St. 7 Ward. 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 BERTHA HARBOUR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 15, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>22</u>	<u>7</u>	<u>20</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. IRON MOLDER
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) ILLINOIS 2

FATHER 13. NAME JOSEPH HARBOUR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS 2

MOTHER 15. MAIDEN NAME MARY A. RIDGEWAY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS 2

17. INFORMANT (ADDRESS) BERTHA HARBOUR
5460 WREN AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL MARY OBT. JAN 8, 1937

19. UNDERTAKER (ADDRESS) Goodman & Goodman
2228 St. Louis Ave

20. FILED JAN 7 1937 J. P. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 5, 1937

22. I HEREBY CERTIFY That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:50 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis
131
Other contributory causes of importance:
Hypertrophy Cardiac

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Joseph M. Dwyer
(Address) Deputy Coroner

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.

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