APR 9 1937

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

Do not use this space.

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File No. .....
Registered No. 2533

1. PLACE OF DEATH

County .....
Township .....
City St. Louis, Mo. (No. Children's Hospital St. .....Ward)

Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Farrell Harris

(a) Residence, No. 4073 Finney St., 23rd Ward. 11
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2 ~~[illegible]~~	8	~~2~~ 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) St. Louis Mo

FATHER
13. NAME Robert Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Miss.

MOTHER
15. MAIDEN NAME Maggie Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen, Miss.

17. INFORMANT Robert Harris
(ADDRESS) 4023 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE March 6 1937

19. UNDERTAKER C. Boyd
(ADDRESS) 3706 Finney

20. FILED MAR 4 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 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 11:00 A.m.

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

	Date of onset
Shock and 2nd degree Burns of body, suffered when fell into tub of hot water at home, March 1st. 1937. about 10:30 AM	

Other contributory causes of importance: 181

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? Accident Date of injury Mar 1, 1937
Where did injury occur? St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury See above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Alfred A. Perry, M.D.
(Address) Deputy Coroner

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD