APR 9 1937

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, MO (No. 3035a. Franklin St. ..... Ward)

File No. 10297

Registered No. 2866

2. FULL NAME SUSIEN HARRIS

(a) Residence, No. 3035a FRANKLIN St., 21 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: TEMALE

4. COLOR OR RACE: COL

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEBRUARY 9-1869

7. AGE: YEARS 68 | MONTHS 1 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SELF

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): MISS.

FATHER

13. NAME: JOHN HENRY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS.

MOTHER

15. MAIDEN NAME: MARY GOLDEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS.

17. INFORMANT (ADDRESS): DELLA JACKSON 3030 BELLE

18. BURIAL, CREMATION, OR REMOVAL

PLACE GRENWOOD CEM. DATE 3-15 1937

19. UNDERTAKER (ADDRESS): ELMERE PEHLS 3030 BELL AVE.

20. FILED MAR 14 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937 to March 12, 1937

I last saw her alive on March 12, 1937 Death is said to have occurred on the date stated above, at 9.50 a.m.

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

	Date of onset
Chron. Myo-Carditis	

Other contributory causes of importance:

Chron Gastritis

Name of operation — Date of operation

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

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) S. E. Watthaw MD, M. D.

(Address) 1005 N. Jefferson

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.

899