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.

APR 27 1937

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

Do not use this space.

File No. 13677
Registered No. 84

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Jefferson — Primary Registration District No. 6248-H
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Harry Harkins
(a) Residence, No. 6405 Hoffman Avenue 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE — Years: about 54 — Months: — — Days: — — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice Stix Dry Goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME James Harkins
14. BIRTHPLACE (CITY OR TOWN) Toronto (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME Catherine Gill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. John J. Griffin (ADDRESS) 5652 Castleman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 3/27/ 1937

19. UNDERTAKER Thomas J. Finan (ADDRESS) 1519 South Grand

20. FILED March 26 1937 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937, to March 24, 1937
I last saw him alive on March 24, 1937. Death is said to have occurred on the date stated above, at 11 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3/14/37
Arteriosclerotic Cardio-Vascular Disease	Uncertain
Lymphangitis of Rt. Leg.	3/7/37
Gangrene of Rt. Leg & Foot	3/13/37
Diabetes Mellitus	Uncertain

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
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) G. O. Brown, M. D.
(Address) 1325 S. Grand