

MAY 7 1937

1937

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

Registration District No. 791
Primary Registration District No. 1003
(No. 1726 Simpson Place)

File No. 14177
Registered No. 3673
St. Ward)

2. FULL NAME

Jennie B. Harris

(a) Residence, No. 1726 Simpson Pl St. 23 Ward.
(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 Female 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 Steve J. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23rd, 1857

7. AGE YEARS 79 MONTHS 10 DAYS 11 IF LESS than 1 day, hrs. or min.

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

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) Tenn.

13. NAME W. S. Bowers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Lou Bryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Jeanette H. Brock
1726 Simpson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem DATE April 6th, 1937

19. UNDERTAKER (ADDRESS) Wreckman Naval
1905 Union Blvd.

20. FILED APR 5 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to April 4, 1937. I last saw her alive on April 3, 1937. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Coronary Sclerosis
Angina Pectoris Date of onset 3/2-37

Other contributory causes of importance: pit

Name of operation none Date of
What test confirmed diagnosis? Symptoms 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? no
If so, specify
(Signed) Edmond Bonnot M. D.
(Address) 1504 So Grand Blvd
St Louis Mo

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.

5-99-29

Dr 3048