

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

Do not use this space.

JUN 12 1937

**791
1003**

**18459
5035**

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City *St. Louis* (No. *City Hospital #2*)

File No.
Registered No.
St. Ward)

2. FULL NAME

Henry Harris
(a) Residence, No. *2929 Dickson St.* 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 *male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 1 1905*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>31</i>	<i>7</i>	<i>13</i>	

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) *Miss Ark*

13. NAME *Henry Harris*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss Ark*

15. MAIDEN NAME *Julia Coleman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss Ark*

17. INFORMANT *Singleton Harris* (ADDRESS) *2929 Dickson St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *May* 19*37*

19. UNDERTAKER *Wade and Co* (ADDRESS) *422 1/2 Pine Ave*

20. FILED **MAY 18 1937** *J. T. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14 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..... m.

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

Lotus Greenie
Cont: - Infected wound of right hand suffered when he struck his own hand against the license plate of his automobile while crawling it on May 3 - 1937 at about 8 P.M.
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 *5/3, 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. *Public Place*

Manner of injury *suicidal*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *Joseph M. Greenie* M.D.

(Address) *1029 1/2 Pine Ave*

WRITE PLEASE 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.

2929 Dickson St 2143

