

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City of **St. Louis** (No. **3137 New Ashland Avenue**)

File No. **18800**
 Registered No. **5376**
 St. _____ Ward _____

2. FULL NAME **Addie Harper**

(a) Residence, No. **3137 New Ashland** St. **10** Ward **1**
 (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Thos. E.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan .28, 1874**

7. AGE YEARS **63** MONTHS **4** DAYS **0** If LESS than 1 day, hrs. or min.

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

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) **Hollinger Co. Missouri**

13. NAME **James H. Back**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Mary Ann Wills**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Jesse Crouch 3137 New Ashland**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Leadwood, Mo. June 1, 1937**

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin 2301 Lafayette Avenue**

20. FILED **MAY 29 1937** **J. S. Bruck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 28, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **April 6, 1937, to May 28th, 1937**

I last saw **4:30** alive on **May 27th, 1937**. Death is said to have occurred on the date stated above, at **1:40** a.m.

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

Lobar pneumonia, fever of general poison

delebele Langrene

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) **Dr. Perry Hear**, M. D.

(Address) **10 Euclid ave**

Webster

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.

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