CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

County ..... / Registration District No. 791

Township ..... / Primary Registration District No. 1003

City St. Louis (No. 2601, N Whittier St. Ward)

File No. 29276

Registered No. 7909

2. FULL NAME Birdie Harris

(a) Residence, No. 1843 Division St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F	C	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	10	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Kentucky

FATHER

13. NAME Edward Peaches

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

MOTHER

15. MAIDEN NAME Rebecca Smith

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

17. INFORMANT (ADDRESS) Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE E. St. Louis DATE Aug 23, 1937

19. UNDERTAKER C. T. Nash (ADDRESS) 111 N. 13th St. St. Louis Mo.

20. FILED AUG 23 1937 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1937, to Aug. 23, 1937

I last saw her alive on Aug. 23, 1937. Death is said to have occurred on the date stated above, at 4:35 a.m. p.m.

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

Uterine Fibroid — Date of onset 8/23/37

Non Malignant

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

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) Thomas C. McFall, M. D.

(Address) 2601 N Whittier

Joseph Hilliard
Chief
Peter Perry
Kulsky
Edward Jones
Cynthia
Oct. 18, 1990
Deceased
Bolsa
Bloomington
96
Diane Bifrost
Dr. Tom
Hoosier Chiropractic
Bloomington
IS
Michigan
Indianapolis
Dr. Tom