

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39715

1. PLACE OF DEATH

County.....
Township.....
City..... (No. Lutheran Hosp.)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 10702
St. Ward)

2. FULL NAME

James Kenneth Harris

(a) Residence, No. 2623 So. 12th St. St. 23 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Malw 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937, to Nov. 18, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1937

I last saw him alive on Nov. 18, 1937 Death is said to have occurred on the date stated above, at 8:40 P.M.

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

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

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.....

Prematurity - (no. gestation) Date of onset

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

Other contributory causes of importance: 127

13. NAME Willard Harris

Name of operation X Date of X

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

What test confirmed diagnosis? X Was there an autopsy? X

15. MAIDEN NAME Ann Korneak

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19.....

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

Where did injury occur? X (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Willard Harris (ADDRESS) 2623 So. 12th St.

Manner of injury X Nature of injury X

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Nov. 19, 1937

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER Fendler Und. Co. (ADDRESS) 7420 Michigan Ave.

If so, specify (Signed) Victor G. Moepfer, M. D.

20. FILED Nov 19 1937 19 J. Bredeck Registrar.

(Address) 3805 So. Broadway

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.

