DEC 28 1937

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

Do not use this space.

6

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. 42446

Township ~~Clayton~~ — Primary Registration District No. 6033a — Registered No. 423

City Clayton (No. St. Louis County Hospital. St. Ward)

2. FULL NAME Arthur Harrison

(a) Residence, No. 7129 Glenmoor, Normandy, Mo. Ward.
(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: male
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: Mary Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1 1880

7. AGE: 62 — YEARS: 57 — MONTHS: 9 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil.
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): Mo.

FATHER

13. NAME: John P. Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Ida Pike
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Mrs Mary Harrison. 7129 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Nov. 18/1937

19. UNDERTAKER (ADDRESS): Jos. W. Clark. 1125 Hodiamont Ave.

20. FILED 11/17 1937 Dr. A. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-10-37, 19 to 11-16-37, 19

I last saw him alive on 11-16-37, 19 Death is said to have occurred on the date stated above, at 12:57 P.M.

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

Acute Myocarditis — Date of onset

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Other contributory causes of importance:

Diabetes Mellitus

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) [signature], M. D.

(Address) St. Louis County Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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