FEB 16 1938

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

Do not use this space.

1. PLACE OF DEATH

96

County Saint Louis — Registration District No. 96 — File No. 4156

Township Carondelet — Primary Registration District No. — Registered No. 151

City ~~Jefferson Barracks~~ (No. Vet. Hosp. St. Ward)

2. FULL NAME Warren C. HARRIS 1,20

(a) Residence, No. 2014 Hickory St., St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. 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: Mrs. Dora E. Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1874

7. AGE: YEARS 63 — MONTHS 8 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self -
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): Keene, N.H.

FATHER

13. NAME: Winslow Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER

15. MAIDEN NAME: Lilliette Colony
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Hampshire

17. INFORMANT (ADDRESS): Clinical Clerk, M. Schulleg VAF, Jefferson Barracks, Mo.

18. BURIAL, ~~CREMATION, ORGANIZATION~~ in PLACE Memorial Park DATE Jan. 24, 1938

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

20. FILED 1-23 1938 T. R. Meyer M.D. Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1938 to January 22, 1938

I last saw him alive on January 22, 1938 Death is said to have occurred on the date stated above, at 12:45 A.M.

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

	Date of onset
Mesenteric Thrombosis with paralysis of ileum.	1-16-38

92

Other contributory causes of importance:

Arteriosclerosis, generalized: Mitral insufficiency with myocarditis.	Unkn
Laparotomy with intestinal resection	

Name of operation Date of 1-19-38

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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 C. W. Hughes

(Signed) C.W.Hughes, M.D., Ch.Med.Officer, M. D.

(Address) VAF, Jefferson Barracks, Mo.

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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