

REC'D APR 11 1938

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

9253

Do not use this space.

1. PLACE OF DEATH Home G. Phillips Hospital **791**
(a) County Registration District No.
(b) Township Primary Registration District No. **1003** Registered No. **2842**
(c) City St Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daisy Harris 6210
(a) Residence, No. 3666 Finney Ave St. 11
(Usual place of abode, if not street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ernest Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV 21st 1889</u>		
7. AGE <u>48</u>	YEARS <u>3</u>	MONTHS <u>29</u>
		DAYS <u>29</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>Brownsville</u> (STATE OR COUNTRY) <u>TENN</u>		
FATHER	13. NAME <u>John Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN</u>	
MOTHER	15. MAIDEN NAME <u>Alice</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brownsville</u> <u>TENN</u>	
17. INFORMANT <u>Ernest Harris</u> (ADDRESS) <u>1009 North Sarah St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>March 26</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>Jas. H. Randle-Pson</u> (ADDRESS) <u>3133 Bell Ave</u>		
20. FILE <u>MAR 26 1938</u> <u>C. B. Budner</u> Local Registrar		

MEDICAL STATEMENT OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/38 19.....

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on Death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia.
107A
Date of onset

Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 Joseph M. Summers
(Signed) Joseph M. Summers M. D.
(Address) Joseph M. Summers

