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.

REC'D MAY 10 1938

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

Do not use this space.

791

13189

1. PLACE OF DEATH
County St. Louis | Registration District No. 1008 | File No.
Township | Primary Registration District No. | Registered No. 3793
City St. Louis (No. Peoples Hospital St. Ward)

2. FULL NAME Ama Harrison 625
(a) Residence, No. 3005 Clarke St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Cal
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9th 1913
7. AGE YEARS 25 MONTHS – 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. Tobacco worker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Factory
10. Date deceased last worked at this occupation (month and year) April 6th 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thornton Ark.

FATHER
13. NAME William Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thornton Ark.

MOTHER
15. MAIDEN NAME Agnes Burough.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thornton Ark.

17. INFORMANT (ADDRESS) Cotie Mosley. 3746 Laclede Ave
18. BURIAL, CREMATION, OR REMOVAL Thornton Ark. DATE April 23rd 1938
19. UNDERTAKER (ADDRESS) C. Young 4400 Kennedy Ave
20. FILED APR 23 1938 J. F. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21- 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9- 1938, to 4-21- 1938
I last saw her alive on 4-21- 1938 Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Diffuse Peritonitis	2 day
appendicitis + tumor of womb Malignant	

Other contributory causes of importance:

appendectomy + Hysterectomy	1 wks

Name of operation appendectomy Date of 4-16-38
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) E. J. Taylor, M. D.
(Address) 3136 Chouteau

Clark Young
Item No. 33.71