This Certificate is to Dr O. K'ley St Louis County Coroner

LEC 9 JUN 1938

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

6 Do not use this space.

19584

1. PLACE OF DEATH

County St. Louis ; Registration District No. 784

Township Carondelet ; Primary Registration District No. 200

City ~~Koch~~ (No. , Koch Hosp St. Ward)

File No.

Registered No. 931

2. FULL NAME HOLLACE HARPER 616

(a) Residence, No. Koch Hosp St., 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29 1905

7. AGE: YEARS 32 ; MONTHS 10 ; DAYS 28 ; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Moulder and Laborer

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): Illinois

FATHER

13. NAME: Henry Harper

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

MOTHER

15. MAIDEN NAME: Laura Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Koch Hospital Records Koch, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 5/31 1938

19. UNDERTAKER (ADDRESS): R. M. C. Green 3517 Laclede Ave

20. FILED MAY 30 1938 19 T. R. Megan M.D. Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-20-35, 19, to 5-27-38, 19

I last saw him alive on 5-27-38, 19 Death is said to have occurred on the date stated above, at 10:20 a.m.

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

	Date of onset
Operation for right intra-pleural pneumothorax	
Other contributory causes of importance: Pulmonary tuberculosis	Feb. 1935

OK John Cornelius Coroner

Name of operation See above Date of 5/27-38

What test confirmed diagnosis? X-ray and sputum (refused by mother) 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? no

If so, specify

(Signed) Joseph T. Maher, M. D.

(Address) Koch Hospital, Koch, 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.