

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

24055

Do not use this space.

791
1003

6749

REC'D AUG 12 1938

1. PLACE OF DEATH
- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City Saint Louis (d) Street No. 4052 Cote Brilliante Avenue 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 Nettie Belle Harris 620
- (a) Residence, No. 4052 Cote Brilliante Ave. St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank D, Harris			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1889			
7. AGE YEARS 48	MONTHS 8	DAYS 27	IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation.....	
9. Industry or business in which work was done, as saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)..... Unavailable	

12. BIRTHPLACE (CITY OR TOWN)..... **Louisville**
(STATE OR COUNTRY) **Kentucky**

FATHER

13. NAME **John Finley**

14. BIRTHPLACE (CITY OR TOWN)..... **Louisville**
(STATE OR COUNTRY) **Kentucky**

MOTHER

15. MAIDEN NAME **Mary Stansbury**

16. BIRTHPLACE (CITY OR TOWN)..... **Louisville**
(STATE OR COUNTRY) **Kentucky**

17. INFORMANT Frank D. Harris
(ADDRESS) 4052 Cote Brilliante Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisville, Ky. DATE July 28, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED JUL 28 1938 J. E. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937 to July 26, 1938
I last saw her alive on July 1, 1938 Death is said to have occurred on the date stated above, at 4:45 m. / p. m.

The principal cause of death and related causes of importance were as follows:
Cardio Renal Disease Date of onset 1937

Other contributory causes of importance:
Hypertension Hypertention

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) W. Hassell, M. D.
(Address) 4270a W. Finney Avenue

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.

STATEMENT BY LICENSED EMBALMER

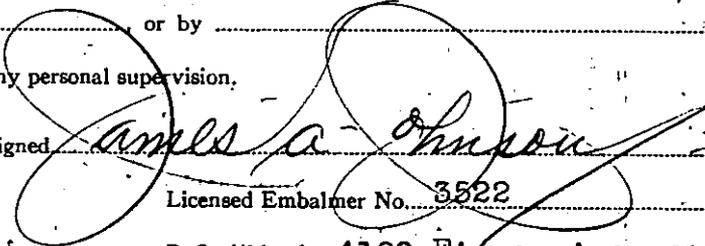
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James Arthur Johnson

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4109 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.