REC'D NOV 13 1939
REC'D NOV 1 - 1939

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

34723
Do not use this space.

791 1003 | 791 1003

1. PLACE OF DEATH
(a) County ..... | Registration District No. 791 1003
(b) Township ..... | Primary Registration District No. ..... Registered No. 9261
(c) or City St. Louis, Mo. (d) Street No. 1536 Papin, St. Mary's Infirmary 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 652 James Harrington
(a) Residence, No. 4056 a Aldine St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pennie Harrington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk - 1871
7. AGE: abt: YEARS 64 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Tenn.

FATHER
13. NAME: Tom Harrington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Pennia Harrington 4056 Aldine Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: Oct 30th 39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): A. L. Beal Und Co. 2726 Lucas Ave.

20. FILED: OCT 30 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1939 to October 25, 1939
I last saw him alive on October 25, 1939 Death is said to have occurred on the date stated above, at 5:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Hypertrophy & dilatation of heart	
95 C 2	

Other contributory causes of importance:
Generalized arterio sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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) Ralston S. Mitchell, M. D.
(Address) 1536 Papin St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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