

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

Do not use this space.

14005

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 5707
Primary Registration District No. 5000
(No. Lutheran Hospital)

File No.
Registered No. 3310
St. Ward)

2. FULL NAME

Anna J. Harris
(a) Residence, No. 3658 W. Pine Blvd Ward 19
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel P. Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23rd, 1853</u>		
7. AGE	YEARS <u>78.</u>	MONTHS <u>3.</u>
	DAYS <u>9.</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Verden, Illinois</u>		
MOTHER	13. NAME <u>John Tenbrook</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Verden, Illinois</u>	
	15. MAIDEN NAME <u>Martha Wilkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Arthur H. Bradley</u> <u>3658 West Pine Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathalia</u> DATE <u>April 5</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. Tupton and Sons</u> <u>4412</u>		
20. FILED <u>FR</u> <u>5</u> 19 <u>32</u> <u>M. C. Harkley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 28th, 1932, to April 2nd, 1932
I last saw h.c.y. alive on April 2nd, 1932. Death is said to have occurred on the date stated above, at 3:14 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
arterio sclerosis
88
99
Other contributory causes of importance:
Ⓛ

Name of operation Date of
What test confirmed diagnosis? W.M.K. H.M. Test 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? Yes
If so, specify
(Signed) A. J. Klein, M. D.
(Address) 3651 Delmar

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.

Jeff 9502

Lutheran Hospital
this morning.