

REC'D JUL 12 1939

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

Do not use this space.

791
1008

20854

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 1270)
Registration District No.
Primary Registration District No.
Registered No. 5698 Ward

2. FULL NAME Infant Baker Harris

(a) Residence, No. 4106 N. 11th St. Ward. 9
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX undetermined 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
stillborn 27 — — —

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

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) St. Louis, Mo. (STATE OR COUNTRY) Missouri Baptist Hosp

13. NAME Jack Harris

14. BIRTHPLACE (CITY OR TOWN) Pittsburg, Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Coada Baker

16. BIRTHPLACE (CITY OR TOWN) Alton, Ill. (STATE OR COUNTRY) Jack Harris

17. INFORMANT Missouri Baptist Hospital (ADDRESS) 4106 N. 11th St.

18. BURIAL, CREMATION, OR REMOVAL CITY CEMETERY DATE 6-29-39

19. UNDERTAKER Mrs. Hamilton (ADDRESS) City Health Dept.

20. FILER J. B. Brubaker JUN 28 1939 19 J. B. Brubaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8-39, 19

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... 10 P.M.

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

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation..... Date of.....

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) Preston C. Hall..... M. D.

(Address) 3902 Lafayette

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.

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

