

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

Do not use this space.

29,008

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. 399
City Kansas City, Mo. (No. 3425 Gillham Rd.) _____ St. _____ Ward _____

File No. _____
Registered No. 2012
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3425 Gillham Rd. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 - 1866 -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 9 7 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Principal
(b) General nature of industry, business, or establishment in which employed (or employer) Tax school
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Mo -

10. NAME OF FATHER Geo. W. Harrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Mo -

12. MAIDEN NAME OF MOTHER Brunette Glass

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Johnson County - Mo

14. INFORMANT W. H. Harrison
(Address) 3425 Gillham

15. FILED 10/15 at M. M. Cerone
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1924

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 1924, to Oct 19 1924
that I last saw her alive on Oct 13 1924, at 8:30 m., and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute cardiac dilatation from myocardial involvement of cancer from cancer of breast
(duration) 2 yrs - mos - da

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R. C. Griffith, M. D.
10/14 1924 (Address) 1201 North Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Cemetery

10/15/24

20. UNDERTAKER

ADDRESS

The Focordaw Mortuary

9146 Main St

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.

