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.

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

Do not use this space.

15178

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. General Hospital St. 3rd Ward)

File No. 2046
Registered No.

2. FULL NAME Harry A. Cottrell
(a) Residence. No. Portland Hotel St., 1st 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): don't know

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: about 63 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dish Washer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): don't know

PARENTS
10. NAME OF FATHER: don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): don't know
12. MAIDEN NAME OF MOTHER: don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): don't know

14. INFORMANT: C. E. Hodges
(Address) 3146 Main

15. FILED May 19, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1927

17. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw h___ alive on ___, 19___, and that death occurred, on the date stated above, at ___ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Endocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Acute Cirrhosis of Liver (duration) ___ yrs. ___ mos. ___ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1220 B
DID AN OPERATION PRECEDE DEATH? ___ DATE OF ___
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas. Nelson, M. D.
5-16, 1927 (Address) Deputy Coroner

*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.

19. ~~PLACE OF BURIAL~~, CREMATION, ~~OR REMOVAL~~: Cremation at Elmwood — DATE OF BURIAL: 5/19/27

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main