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

Do not use this space.

18259

7

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo. 201 W. 15th St. St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 2362

2. FULL NAME Charles Freemont Harlan.
(a) Residence. No. 201 W. 15th St. St., 1 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: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 12, 1860.

7. AGE: 66. Years | Months: 6 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer.
(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): Le Roy. Ill.

PARENTS
10. NAME OF FATHER: Lois Harlan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lancaster Ill.
12. MAIDEN NAME OF MOTHER: Miss Nation
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: E R Holloway
(Address): 2509 3 26

15. FILED June 9, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 7, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at 3.20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic Cystic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas. S. Nelson M.D.
6-7, 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: Woodlawn
DATE OF BURIAL: 6/9 1927

20. UNDERTAKER: R. Lindsay Sons
ADDRESS: City

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.

...IS A PERMANENT RECORD