

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

Do not use this space.

18424

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 4408 Forest)

File No. \_\_\_\_\_  
Registered No. 2527  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Harriett A. Dec.**

(a) Residence. No. 4405 Forest St. 13 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 9 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kingston (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Virginia Payne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vir.

14. INFORMANT J. O. Klemm (Address) 4405 Forest

15. FILED 6/22/27 H. M. Brown REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 19 27

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 Myocarditis  
1290 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 1290 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

9 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) H. G. Moore, M. D.

6-20, 1927 (Address) 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 DATE OF BURIAL

Forest Hill 6/22/27 19

20. UNDERTAKER ADDRESS

McLundey Sons 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.

RECORD

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