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

Do not use this space.

21376

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: [illegible]
Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2721
City: Kansas City (No.: Grace Hospital St. Ward)

2. FULL NAME: Ernst Mayner Harris
(a) Residence. No. 3883 E. 62nd St., 16 Ward. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
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: Laura E. Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-15-1891

7. AGE: Years 36 — Months 4 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Traffic Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer): M. R. Smith Lbr Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cassville Mo.

PARENTS
10. NAME OF FATHER: Geo. E. Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Maude J Gittings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT (Address): Mrs. Laura E Harris 3883 E. 62nd St

15. FILED 7/8, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927 to July 8, 1927 that I last saw him alive on July 8, 1927, and that death occurred, on the date stated above, at 12 05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Peritonitis
121B
129
117B
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Suppurative Appendicitis
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at his Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 2 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operative Prof
(Signed) W. M. Joy M.D.
7/8, 1927 (Address) 715 Argyle Bldg

*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: Forest Hill — DATE OF BURIAL: 7-9 1927

20. UNDERTAKER: W. H. Newcomer's Sons K.C. Mo. — ADDRESS

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.

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