

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

Do not use this space.

21558

1. PLACE OF DEATH

County..... Jackson Registration District No. 399
 Township..... Kaw Primary Registration District No. 1002
 City..... Kansas (No. Mercy Hosp)
 St. Ward.

File No.
 Registered No. 2906
 St. Ward.

2. FULL NAME

(a) Residence. Gr. Harbor, Ralph St. Ward. Excelsior Sp.
 (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 m. 4. COLOR OR RACE W. 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) Feb 16 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 5 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child 115A 71B
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Vernon Wash
 (STATE OR COUNTRY)

10. NAME OF FATHER Ralph Mc Moran

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

12. MAIDEN NAME OF MOTHER Pearl Chabier

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

14. INFORMANT Harmon B. Jarboe
 (Address) Excelsior Sp. Mo

15. FILED 7/24/27 M. M. Crowe
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1927

17. I HEREBY CERTIFY, That I attended deceased from 5-24 1927, to July 24 1927 that I last saw living alive on July 23 1927, and that death occurred, on the date stated above, at 6:55 am p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

agranulocytic anaemia
 (duration) yrs. mos. da. 7

CONTRIBUTORY (SECONDARY) secondary anaemia
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 1040 2
 IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) A. L. Sawyer
 M.D. 1927 (Address) 214 Med. Arts 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 Excelsior Springs DATE OF BURIAL July 26 1927

20. UNDERTAKER Herbert Hoop ADDRESS Excelsior Springs

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.

