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

Do not use this space.

24522

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City Mo. (No. 1013 E 16 St. St. Ward)

2. FULL NAME George Harris
(a) Residence. No. 1013 E. 16th Str St., 2 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: 50 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day 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): Mason Tenn

PARENTS
10. NAME OF FATHER: Ed Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Ida Harris
(Address) 1013 E 16th Str K.C. Mo.

15. FILED 8-27, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1927, to Aug 27, 1927, that I last saw him alive on Aug 24, 1927, and that death occurred, on the date stated above, at 5 55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia
131 Bronchio
107A
93A
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Acute Myocarditis, Pneumonia
Mitral Nephritis (duration) 6 hr yrs. 4 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 290
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? All clinical
(Signed) G H Stokes Jr. 100
8/26, 1927 (Address) 2105 Indep. Ave.

*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: Mason, Tenn.
DATE OF BURIAL: 8/30 1927

20. UNDERTAKER: Flynn & Greenstreet
ADDRESS: 1819 E 15th Str K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.