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

Do not use this space.

30389

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME Harmon David Mersereau
(a) Residence. No. Rockhill Manor St., ... 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel K. Mersereau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	6	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Life Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Owego
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER George J. Mersereau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Owego
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Lucy Adeline Steele
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Owego
(STATE OR COUNTRY) New York

14. INFORMANT Geo J. Mersereau
(Address) 30 1st Natl Bank Bldg

15. FILED 10-15, 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1927, to Oct 14, 1927 that I last saw him alive on Oct 14, 1927, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilatation of heart
95A
95B (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Aortic regurgitation
(duration) 1 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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
10/15, 1927 (Signed) Peter T. Bohan, M.D.
(Address) Medical Arts Bldg KC

*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: Owego, New York — DATE OF BURIAL: 10-15 1927

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

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.

THIS IS A PERMANENT RECORD.

about 1:30

3 [illegible]

H. P. Baughnow Res. vol. 1. 6[illegible]

on

H. P. 7148