

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

Do not use this space.

13600

**1. PLACE OF DEATH**

County Jackson  
Township Kenn  
City K.C.M.O.

Registration District No. 399

File No. 1125

Registration District No. 100

Registered No. \_\_\_\_\_

(No. Old City Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ernest Harris

(a) Residence No. Lincoln Hotel 13<sup>200</sup> Woodland St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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**

Colored

**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)** Nov. 27, 1905

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>22</u>	<u>4</u>	<u>26</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Porter  
(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)** Muskogee Okla.

PARENTS

**10. NAME OF FATHER** George Harris

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

**12. MAIDEN NAME OF MOTHER** Anna Brown

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

**14.**

INFORMANT Record Clerk  
(Address) Old City Hospital

**15.**

FILED 4/30/28 M. M. Casper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 11-17 1928

**17.**

I HEREBY CERTIFY That I attended deceased from 3-23, 1925, to 4-19, 1928 that I last saw him alive on 4-27, 1928, and that death occurred, on the date stated above, at 3:10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS**

Pulmonary tuberculosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTO. ACC. no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Free Smith, M. D.  
4/17, 1928 (Address) Old City Hospital

\*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**

K.C. Western Dental School 11-25 1928

**20. UNDERTAKER**

**ADDRESS**

Mo state Anatomical Board  
2011 E. 12th St

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.

