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

Do not use this space.

File No. 13616
Registered No. 1952

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 217 East 6th st. St. Ward)

2. FULL NAME Frank Lea Harlan

(a) Residence. No. 426 south Askew St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Idella Harlan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 - 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sergeant Traffic Dept
(b) General nature of industry, business, or establishment in which employed (or employer): K.C. Metropolitan
(c) Name of employer: Police Dept.

9. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Clifton Hill Mo.

PARENTS

10. NAME OF FATHER Frank Henry Harlan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Huntsville Mo.
12. MAIDEN NAME OF MOTHER Adelia Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sheridan Co.
(STATE OR COUNTRY) Prairie Hill Mo.

14. INFORMANT Idella Harlan
(Address) 426 so Askew

15. FILED 5/1, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1928 Monday

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h. alive on ..., 19..., and that death occurred, on the date stated above, at ... a.m.

Deputy Coroner

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot Firearms
170
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Hutony

(Signed) Clark Gordany, M.D.
4/30, 1928 (Address) Deputy Coroner

*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: Mt Moriah — DATE OF BURIAL: May 2. 1928

20. UNDERTAKER: Sylar Funeral Home — ADDRESS: 1800 Linwood

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.

PERMANENT RECORD

MAR 18 1946