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

Do not use this space.

17315

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1288

City Kansas City (No. St. Mary's Hospital St. Ward)

**2. FULL NAME** William Harr

(a) Residence. No. Omaha, Neb. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widower |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Harr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk 1860

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 68 | | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ry Machinist
(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) Canada

PARENTS

10. NAME OF FATHER Michael Harr

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Michael Harr
(Address) 3332 South Benton

15. FILED 5/24, 1928 M. M. Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/24, 1928, to 5-23, 1928 that I last saw him alive on 5/22, 1928, and that death occurred, on the date stated above, at 9:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Brain
7401
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Pyelonephritis
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know.
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Laboratory
(Signed) Wilson A Myers, M. D.
5/24, 1928 (Address) 815 Skinkert

*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 St. Mary's Cemetery — DATE OF BURIAL 5/25/28

20. UNDERTAKER Quirk & Tobin Co--20 West — ADDRESS 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.