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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 23927

Township: Ward — Primary Registration District No.: 1002 — Registered No.: [illegible]

City: Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Harkins, Grover

(a) Residence. No. 814 White St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm hand
(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) Mo

PARENTS

10. NAME OF FATHER ~~Hiram~~ Harkins

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

12. MAIDEN NAME OF MOTHER Anna Kenney

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

14. INFORMANT Record Clerk
(Address) K.C. General Hosp.

15. FILED 7/17 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-15, 1928, to 7-16, 1928, that I last saw him alive on 7-16, 1928, and that death occurred, on the date stated above, at 10:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency

(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? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Williams, M. D

7-17, 1928 (Address) Supt K.C. Genl Hosp.

*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 Washington — DATE OF BURIAL: 7-18 1928

20. UNDERTAKER: O V Mart — ADDRESS: 1915 E 15

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.