WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36993

1. PLACE OF DEATH Jackson
County Jefferson — Registration District No. 399 — File No. 5
Township Kaw — Primary Registration District No. 1002 — Registered No. 4642
City K.C. MO (No. City Hospital #2 St. Ward)

2. FULL NAME Tom Harris
(a) Residence. No. 401 Main St., 1 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: M
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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 21 1881

7. AGE: 47 Years — Months: 2 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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): Va

PARENTS
10. NAME OF FATHER: Harris Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.
12. MAIDEN NAME OF MOTHER: Hardwick, Anna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.

14. INFORMANT: Record Clerk
(Address): Old City Hospital

15. FILED 11/19, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-8 1928

17. I HEREBY CERTIFY, That I attended deceased from 10.15 1928, to 11-8 1928, that I last saw h. alive on 11.8 1928, and that death occurred, on the date stated above, at 12.20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Ulcerative Colitis
108
93D
120B
101A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Anuria, Myocardial Failure, Pneumonia, Lobar
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11.5.28 Paracentesis
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? clinical ed Laboratory
(Signed) H. M. Smith, M. D
9/16, 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: Leeds Mo — DATE OF BURIAL: 11/20 1928

20. UNDERTAKER: S H B Moore — ADDRESS: 1820 E 18