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.

24622

1. PLACE OF DEATH
County Jackson — Registration District No. 29
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2732 Charlotte St. Ward)
File No.
Registered No.

2. FULL NAME Harry F. Deubner
(a) Residence. No. 2732 Charlotte ave St., 3 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 1872

7. AGE 57 YEARS — MONTHS 000 — DAYS 000 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Eating House Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Dinning Room
(c) Name of employer Fred Harvey

9. BIRTHPLACE (CITY OR TOWN) Painsville
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknwom
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Nellie B. Deubner
(Address) 2732 Charlotte Ave.

15. FILED 7/12 1929 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/12 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
92A
93C
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? m DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M Hall, M. D
7/12, 1929 (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 Upper Sandusky Ohio
DATE OF BURIAL July 16 1929

20. UNDERTAKER The Taylor Funeral Home Inc.
ADDRESS 3133 Euclid Kansas city Mo