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

Do not use this space.

30736

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 3754
City Kansas City (No. Wesley Hospt St. Ward)

2. FULL NAME Mrs. Jessie Harshbarger
(a) Residence. No. St., Ward. Manhattan Ks.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	3	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Texas

PARENTS
10. NAME OF FATHER Jessie L Sanders
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Joseph D. Harshbarger
(Address) Manhattan, Kans

15. FILED 9/4, 1929 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3 1929.

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1929, to Sept 3, 1929 that I last saw her alive on Sept 3, 1929 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chr. myocarditis
93C (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Chr. nephritis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129A
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. D. [illegible], M. D.
9/4, 1929 (Address) 907 Rialto

*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: Manhattan Ks
DATE OF BURIAL: Sept 4 1929.

20. UNDERTAKER: D. H. Newcomer's Sons K C Mo
ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INKNOTHING IS A PERMANENT RECORD

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907 Rialto Bldg.
M 2389
(524 E56-Hi4051)
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