

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

Do not use this space.

30813

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kane Primary Registration District No. 1002
 City Kansas City (No. General Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 3888
 St. _____ Ward _____

2. FULL NAME

Mike Harris
 (a) Residence No. 2507 Tracy St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fanny Harris</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 4 1880</u>				
7. AGE	YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Fruit Dealer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer <u>Self.</u>				

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER Not Known

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 Mrs. Frank Greenbaum

(Address) 2506 Tracy

15. FILED 9/11 29 m. m. Denver

REGISTRAR
Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1929

I HEREBY CERTIFY, That I attended deceased from Sept 7 1929, to Sept 7 1929, and that I last saw him alive on Sept 7 1929, and that death occurred, on the date stated above, at 6:05 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia

SIA

36 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Curbuckle of back

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2506 Tracy

19. DID AN OPERATION PRECEDE DEATH? No DATE OF Sept 10 1929

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Joseph Ellsborn M. D.

9-11 1929 (Address) 1219 Reuter Bldg

*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. Carmel DATE OF BURIAL Sept 12 1929

20. UNDERTAKER

R. T. Harris ADDRESS Kansas City Mo.

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.

WHITE PANEL, WITH WRITING MATERIALS IS A PERMANENT RECORD

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