

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

Do not use this space.

16210

2118

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kansas City (No. Majors Sanitarium)

Registration District No. 393  
Primary Registration District No. 10021

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harvey D. Siess

(a) Residence No. 7421 Jefferson St., 8 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-10-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>69</u>	<u>5</u>	<u>7</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Merchant  
(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) Ohio

10. NAME OF FATHER Gilbert Siess

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

12. MAIDEN NAME OF MOTHER Kathrine Hartong

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

14. INFORMANT Mrs. French  
(Address) 7421 Jefferson City

15. FILED 5/17, 1930 M. M. Crowe REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3<sup>rd</sup> 1930 to May 17<sup>th</sup> 1930 that I last saw him alive on May 16<sup>th</sup> 1930, and that death occurred, on the date stated above, 5:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral hemorrhage (apoplexy)  
Q2A

97 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis  
(duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Don't know  
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) Herma S. Major M. D.  
5/17, 1930 (Address) 3190 Euclid Ave Kansas City, Mo

\*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 St. Washington Cemetery DATE OF BURIAL 5/19 1930

20. UNDERTAKER Stone & McClure ADDRESS City

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.

