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

Do not use this space.

22775

2766

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: 392 — File No.: 2766

Township: Kaw — Primary Registration District No.: 1 — Registered No.:

City: Kansas City — No.: Research Hospt. — St. — Ward)

**2. FULL NAME:** Alfred S. Harvey

(a) Residence. No.: 6444 Summit St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Clara Harvey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 16 1868

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 61 | 9 | 17 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chief Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): K C Public Service Co.
(c) Name of employer: 121 13

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waverly Ill.

PARENTS

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

14. INFORMANT: A D Harvey
(Address): 2142 W 67th Terr.

15. FILED: 7/5, 1930 M M Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 3 1930

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1930 to July 3, 1930 that I last saw him alive on July 3, 1930, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: July 3 30

General Peritonitis
Acute Gangrenous Appendicitis with Abscess
9 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Myocarditis Ch Nephritis
(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David B Robinson M.D.
7/3, 1930 (Address) 928 Prof 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 Moriah — DATE OF BURIAL: July 5 1930

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

~~[illegible]~~

928 [illegible] 4479.

[illegible] 1$^{30}$ - 3$^{30}$