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

Do not use this space.
22894

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. 5886
City Kansas City (No. St. Joseph's Hospital St. Ward) — Registered No.

2. FULL NAME Harry Winters Underwood
(a) Residence. No. 4014 Mercier St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	1	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stock Yards
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John Samuel Underwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Winters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mississippi

14. INFORMANT Mrs. Allene Underwood
(Address) 4014 Mercier

15. FILED 7/13 1930 M. M. Crowe asst REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/12, 1930, to 7/12, 1930, that I last saw h... alive on 7/12, 1930, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute suppurative frontal + ethmoid
154
124E
78A (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Osteomyelitis + abscess
Frontal lobe of Brain (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF 7/10 1930
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Warren Bird, M. D.
7/12, 1930 (Address) 920 Argyle 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~~ Pleasant Hill, Mo. — DATE OF BURIAL 7-14-1930
20. UNDERTAKER Frances McClure — ADDRESS 3235 Gillham Plaza

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.

Dr.

Dr Rising