

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

Do not use this space.

36140

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. 4545

Township Kaw

Primary Registration District No. 1002

Registered No. 4545

City Kansas City

(No. St. Joseph's Hospital)

Ward

**2. FULL NAME**

Lyda Pearl Harnsberger

(a) Residence. No. 1723 West 38<sup>th</sup> St. Ward 5

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs.  mos.  ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Fe.

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

L. J. Harnsberger

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan. 25, 1911

**7. AGE**

YEARS 19

MONTHS 9

DAYS 17

If LESS than 1 day, ..... hrs. or ..... min.

**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).

93

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Beagle

(STATE OR COUNTRY)

Kansas

**10. NAME OF FATHER**

John A. Bell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**12. MAIDEN NAME OF MOTHER**

Celia Brummel

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Beagle Kansas

**14. INFORMANT**

L. J. Harnsberger

(Address) 736 West 38<sup>th</sup> St

**15. FILED**

11/9/30 M. M. Connel

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

November 8 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from

August 30, 1930, to Nov. 8, 1930,

that I last saw him alive on Nov. 7<sup>th</sup> 1930, and that death occurred, on the date stated above, at 8:10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1. Acute Dilatation of Heart
2. Acute Toxic Myocarditis
3. Chronic Pulmonary Tuberculosis
4. Chronic Tuberculous enteritis Peritonitis.

(duration) 2 yrs.  mos.  ds.

**CONTRIBUTORY (SECONDARY)**

(duration)  yrs.  mos.  ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) J. S. Linney, M. D.

Nov 8, 1930 (Address) 1225 Bell St. 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**

**DATE OF BURIAL**

Beagle, Kansas

Nov 10 1930

**20. UNDERTAKER**

**ADDRESS**

D. W. Newcomer's Sons

2111 E. 9<sup>th</sup> St.

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.

10r. 9. E. Anthony  
1225 Queto Bldg  
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