

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

Do not use this space.

36329

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4122)

Registration District No. 90
Primary Registration District No. 4005
Precinct Blue

File No. 4738
Registered No. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Muskogee, Okla.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Georgia Bell Harding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 9 7

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena, Kansas

10. NAME OF FATHER Frank Harding

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

12. MAIDEN NAME OF MOTHER Osa Polston

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

14. INFORMANT (Address) Mrs Georgia Bell Harding, Muskogee, Okla.

15. FILED 11/22 1930 4122 Precinct M. M. Orvell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 13th 1930, to Nov. 20th 1930 that I last saw him alive on Nov. 20th 1930 and that death occurred, on the date stated above, at 11:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
97
87B (duration) about yrs. 5 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Atherosclerosis of the
Arteries (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Perry, Okla.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS Usual Clinical
(Signed) Chas E. Kimville, D. D.

(Address) 612 Chamberly

*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 Crushing Okla **DATE OF BURIAL** Nov 22, 1930

20. UNDERTAKER O. M. Newcomer's Sons **ADDRESS** 211 E. 9th

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.

Mr. Alfred E. Fennell
612 Chambers Bldg
11:30 - 6