

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

Do not use this space.

39624
5199

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Marmaduke Harwood

(a) Residence. No. _____ St. _____ Ward Sweet Springs, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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 Mrs. Lucretia Harwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1st. 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>78</u>	<u>11</u>	<u>25</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Arrow Rock, Mo.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Leaven Harwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arrow Rock
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Jane Marmaduke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) dont know

14. INFORMANT Mrs. C.L. Shepard
(Address) 200 west Armour Blvd.

15. FILED 12-27-30 m m Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26th. 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-10-30 to 12-26-30, 19____, and that I last saw him alive on 12-26-30, 19____, and that death occurred, on the date stated above, at 10:09 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration,
93F
97
102 (duration) 5+ yrs. mos. ds.
CONTRIBUTORY Hypertension, Arteriosclerosis
(SECONDARY)
Senility (duration) 5+ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Ernest Black, M. D.
12-26, 1930 (Address) 924 Poplar Blvd.

*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 Elmwood DATE OF BURIAL 12/29/30

20. UNDERTAKER Freeman Mortuary, Kansas City, Mo. ADDRESS _____

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.

