

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

Do not use this space.

39730

**PLACE OF DEATH**

County Jackson  
Township Prairie  
City Lee Summit (No. \_\_\_\_\_)

Registration District No. 400  
Primary Registration District No. 4225

File No. \_\_\_\_\_  
Registered No. 161  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl Martin Harris

(a) Residence. No. \_\_\_\_\_ 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 2 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lee Summit  
(STATE OR COUNTRY) Mo -

10. NAME OF FATHER Carl Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lee Summit  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edna Buckley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lee Summit  
(STATE OR COUNTRY) Mo

14. INFORMANT Carl Harris  
(Address) Lee Summit Mo

15. W. D. M. James  
REGISTRAR

**5. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 10:20 a.m. Dec 2, 1930 to 10:30 a.m. Dec 3, 1930 that I last saw him alive on Dec 3, 1930 and that death occurred, on the date stated above, at 10:20 a.m.

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

Acute bronchopneumonia  
12:20  
12:20  
10:15 (duration) yrs. mos. 2 ds.

CONTRIBUTORY Anesthesia (relax)  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 2 30  
(Hernia)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms  
(Signed) J. H. Kappale M. D.

(Address) Lee Summit Mo

\*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 Lee Summit, Mo DATE OF BURIAL Dec. 4 1930

20. UNDERTAKER Fields - James Co. ADDRESS Lee Summit

Exact statement of OCCUPATION is very important. Do not use this space.

JAN 20

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dated by check marks, tracking from the death certificate.

Name: Carl Martin Harris

Who died at: Lee's Summit, Mo Dec. 2, 1930,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Acute Broncho Pneumo-  
nia

Contributory: Anesthesia (Ether)

Strangulated Hernia. To relieve strangulation and  
open obstructed intestine  
Where was disease contracted? \_\_\_\_\_

Did operation precede death? yes Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

WRITE PLAINLY, WITH UPPERS!

Every item 5 in.

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