

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

Do not use this space.

39733

1. PLACE OF DEATH

County Jackson
Township Pratt
City (None)

Registration District No. H-2
Primary Registration District No. 252 P

File No. _____
Registered No. 170
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode) _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) Wm. Louis Harris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 5 18

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

9. BIRTHPLACE (CITY OR TOWN) Blue Springs
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John H. Harris

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

12. MAIDEN NAME OF MOTHER Bridges

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

14. INFORMANT (Address) Wm. Louis Harris
Blue Springs

15. FILED 12-25-30 W. S. James REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1930, to Dec 23 1930. that I last saw him, alive on Dec 28 1930, and that death occurred, on the date stated above, at 10-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic cholecystitis
and gall stones
125
127 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (duration) 1 yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) A. G. Gandy M. D.

*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's Summit DATE OF BURIAL 12-26 30

20. UNDERTAKER W. B. Webb & Son ADDRESS Blue Springs Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 20 1931

