

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

Do not use this space.

1205

1. PLACE OF DEATH

County Jackson Registration District No. 2715

Township Kear Primary Registration District No. 10

City Kansas City (No. Kansas City General Hospital St. Ward)

File No.

Registered No. 36

2. FULL NAME

(a) Residence. No. 407 N. Labou St. 10 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Ersula Hurv

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 5

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri - 1

10. NAME OF FATHER Jacob Harr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn'a

12. MAIDEN NAME OF MOTHER Barbara Ank

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

14. INFORMANT Reeardalark
(Address) Kansas City Gen. Hosp.

15. FILED Jan 4 31 M. M. Corube REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-2-1931, to 1-3-1931, that I last saw him alive on 1-2-1931, and that death occurred, on the date stated above, at 1:04 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Chronic Hepatitis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 131

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) P. E. Williams M. D.
1-3-1931 (Address) Supt. K. C. Gen. Hosp.

*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
Mt Washington Jan 5 1930

20. UNDERTAKER ADDRESS
Rose & Henderson 15th Jackson

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

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.

