

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

Do not use this space.

9815

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C., Mo.

Registration District No. 1002
Primary Registration District No. 1002

File No. _____
Registered No. 112510
St. 2200 Ward

2. FULL NAME

Petty Lou Harris
(a) Residence. No. 2139 E 8th St. 9 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 F 4. COLOR OR RACE W 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) June 9, 28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 8 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) K.C. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Rollie Harris

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

12. MAIDEN NAME OF MOTHER Alie Folley

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

14. INFORMANT Rollie Harris
(Address) 2139-E-8th

15. FILED 3/6/31 M.M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/4/31 19

17. I HEREBY CERTIFY, That I attended deceased from 3/2/31 19, to 3/4/31 19, that I last saw her alive on 3/4/31 19, and that death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, acute
Decompensation
9:30 (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Exam. lab. + biopsy
(Signed) W.M. Howard, M.D.

(Address) Mercy 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 Floral Hill DATE OF BURIAL May 7 1931

20. UNDERTAKER Loe & Henderson ADDRESS 15th Jackson

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.

